CHAPTER II: Referral & Investigation

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A. Social Worker's Perspective

1. Reporting of Child Abuse, Abandonment or Neglect

There are several ways in which a child protection case may be reported or an investigation of alleged abuse and neglect of a child may be initiated. A report may be made to local law enforcement officials that a child is endangered in her or his surroundings and should be removed in order to prevent serious physical or mental injury.[1] A report of potential child abuse or neglect may be made to local law enforcement officials or to the IDHW either voluntarily or pursuant to Idaho's mandatory reporting provision.[2] Idaho's child's abuse reporting statute requires any physician, resident on a hospital staff, intern, nurse, coroner, school teacher, day care personnel, social worker or other person who has reason to believe that a child has been abused, abandoned or neglected or who observes the child being subjected to conditions that would reasonable result in abuse, abandonment or neglect, shall report that information to the proper law enforcement agency or the department. If an individual covered by the statute fails to report child abuse, she or he could be charged with a misdemeanor.[3] Reporting parties are immune from liability unless the report is made in bad faith or with malice.[4] A child protection case also begins when a child is abandoned pursuant to Idaho's Safe Haven Act.[5] Or, finally, a juvenile court judge may expand a case that began as a juvenile matter into a child protection case pursuant to Idaho Juvenile Rule 16.

Law enforcement officers often encounter children at risk during routine activities such as serving search warrants or responding to domestic violence complaints. At other times the presence of law enforcement officials is requested to accompany an IDHW worker on a referral. Police officers may declare a child in imminent danger and may remove the child from his or her

[1] Idaho Code § 16-1612(1)
[2] Idaho Code § 16-1605(1)
[3] Idaho Code § 16-1606
[4] Idaho Code § 16-1607
[5] Idaho Code §§ 39-8201-39-8207. This statute is intended to provide an option for a parent of a very young infant who might otherwise abandon the infant under circumstances that would jeopardize the health and safety of the infant.

home and place the child in shelter care.[6] Often law enforcement officials have information from criminal investigations that is valuable for child protection investigations. The social worker, the prosecutor and the guardian *ad litem* should try to determine if any such information is available in each case.

No matter how the initial report is made, IDHW is charged by Idaho law as the official child protection agency of state government and has the duty to intervene in situations of child abuse and neglect.[7] The division of IDHW having primary responsibility in the child protection area is Family and Community Services (FACS).

a. Receiving/recording reports

Regulations adopted by IDHW to implement its responsibility in the area of child protection require it to maintain a regional system for receiving and responding to reports and complaints twenty four hours a day, seven days a week. These regulations also require that each IDHW region publish the phone number of Child Protective Services throughout the region and ensure the accurate recording of as many facts as possible at the time of the report. [8]

b. Responding to reports

IDHW has established a formal protocol for responding to reports of child abuse and neglect. Pursuant to this protocol, reports are initially categorized three ways: 1) reports not within the power of FACS and where safety is not an issue; 2) those reports not within the power of FACS but where there may be safety issues; and 3) those within FACS jurisdiction.

i. Information and Referral.

If the initial referral is a request for information or services not within Family and Community Service's ("FACS") mandates and no safety issues are present, the Protocol requires that a brief information and referral service be provided to the caller. This information and referral may include a referral to an appropriate agency or community resource. This type of referral is then closed and designated "Information and Referral" in the FOCUS[9] Information System.

[6] Such removals may occur pursuant to Idaho's emergency removal provision, Idaho Code § 16-1608, pursuant to and endorsement on summons, Idaho Code §16-1611(5), or pursuant to the court's findings at a shelter care or adjudicatory hearing, Idaho Code §§ 16-1615 & 16-1619. The emergency removal and endorsement on summons provisions are discussed in detail in Chapter III of this Manual. The shelter care hearing is discussed in detail in Chapter IV of this Manual and the adjudicatory hearing is discussed in Chapter V of this Manual.

[7] *See* Idaho Code §§16-1602(5),(14) and 16-1629. *See also* Idaho Code §§56-204A, 56-204B, 16-2001, and IDAPA 16.06.01.550

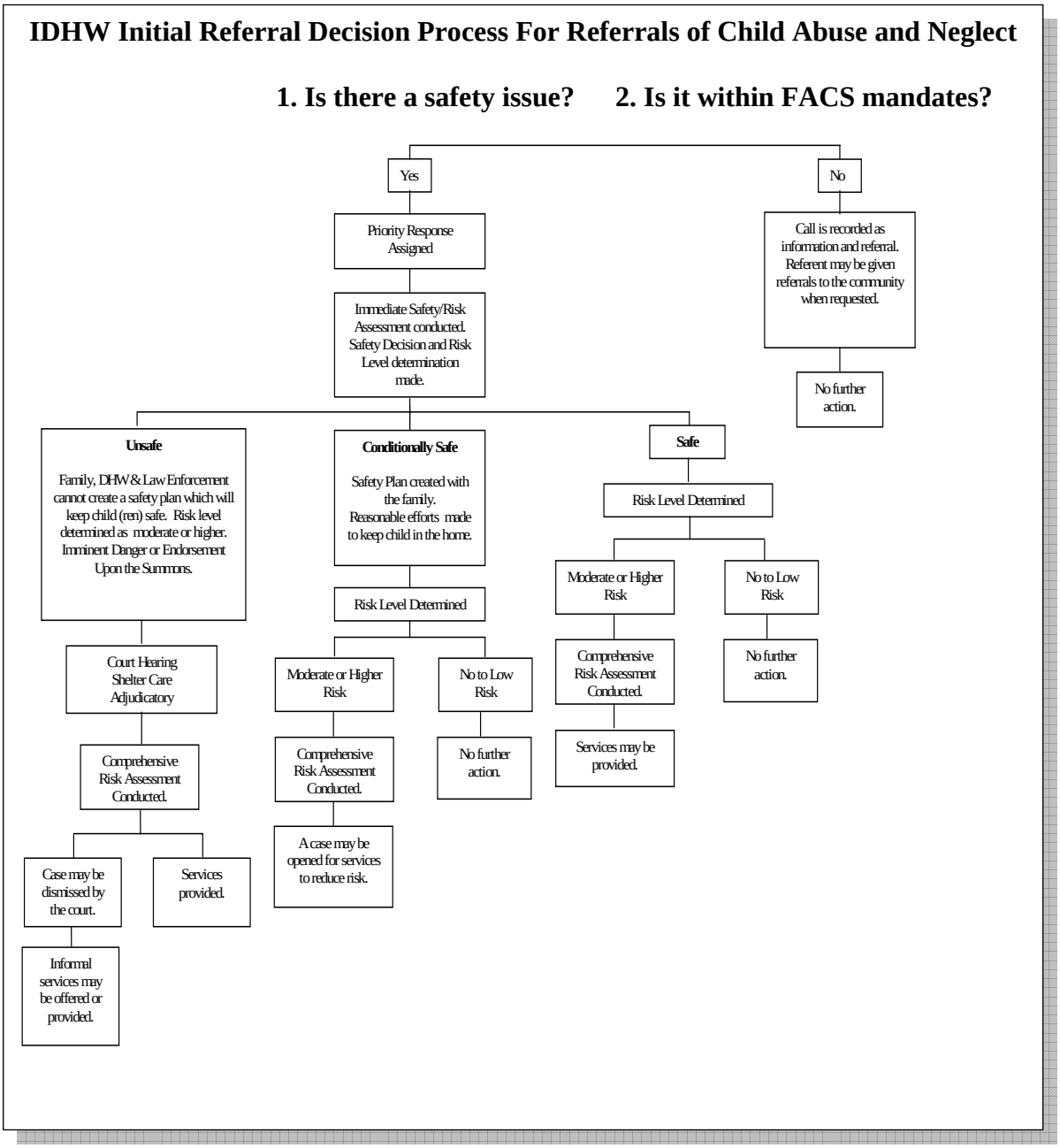
[8] IDAPA 16.06.02.552

[9] FOCUS is the administrative computing system used by IDHW.

ii. Safety Issues Indicated but not within FACS mandates.

For all emergency situations which appear to be of an immediate life threatening nature, the Protocol requires that the IDHW worker obtain crucial information and immediately notify the appropriate emergency response agency (*e.g.* 911, law enforcement) and the supervisor. When safety issues are present, the worker's responsibility is to direct the caller to appropriate resources regardless of whether the issue falls within FACS authority. The presence of safety issues may mean that the worker should personally notify the responsible agency of the referral.

IDHW Initial Referral Decision Process For Referrals of Child Abuse and Neglect



iii. Safety Issues Indicated within FACS mandates.

If the initial referral appears to fall within IDHW authority and safety issues are present, the Protocol requires the worker to do the following:

- ✓ Request additional information from the caller regarding both the caller and the family that is the subject of the call.
- ✓ Search agency records to determine whether other relevant reports regarding the family have been received and their status;
- ✓ Refer the report for action according to the Priority Response Standards adopted by IDHW;
- ✓ Document the report and accompanying information in FOCUS Information System;
- ✓ Fax referral information to local law enforcement.

c. Priority response standards

When a case is within FACS authority, the agency has developed priority response standards.[10] These standards establish time lines for initiating Risk Assessment/Risk Reduction for all safety issues within FACS mandates, based on the information gathered through the initial referral. The priority and scale of IDHW's response is determined by the immediacy of risk of severe physical or psychological harm to the child. Based on available information and professional judgment, a referral may be considered a higher or lower priority than suggested by the standards. Reasons for designating a referral at a lower priority than suggested by the standards must be documented as a variance from the standards by the worker's supervisor.

The FACS worker's response must also be consistent with the local child abuse and neglect multidisciplinary team's protocol. This protocol established by local MDTs, will specify the role of Health and Welfare, law enforcement and the prosecuting attorney's office, as well as the procedures to be followed to assess the risks to the child and the criteria and procedures to be followed to ensure the child's safety.

d. Indian Child Welfare Act considerations

The Indian Child Welfare Act, requires notice to the appropriate tribal authorities whenever an Indian child may be involved in a child protection case.[11] In order to implement the provisions of ICWA, That section provides:

Possible abuse, abandonment, or neglect of a child who is known or suspected to be Indian shall be reported to appropriate tribal authorities immediately. If the reported incident occurs off a reservation, the Department shall perform the investigation. The Department shall also investigate incidents reported on a reservation if requested to do so by appropriate authorities of the tribe. A record of any response shall be maintained in the case record and written documentation shall be provided to the appropriate tribal authorities.[12]

[10] IDAPA 16-06.01.554 ("The Department shall use the following statewide standards for responding to allegations of abuse, neglect or abandonment, using the determination of risk to the child as the primary criterion. Any variance from these response standards shall be documented in the family's case file with a description of action taken, which shall be reviewed and signed by the Child Protective Supervisor.")

[11] 25 U.S.C. § 1911. ICWA is discussed in detail in Chapter XI of this Manual

[12] The IDHW has adopted IDAPA 16.06.01.556 Reports Involving Indian Children.

e. Priority Guidelines

The Department's Priority Response Guidelines are set forth in Appendix A at the end of this chapter.

2. Child Protection Risk Assessment

Whenever a report of child abuse or neglect is made to IDHW, the department conducts an immediate risk/safety assessment. It has adopted regulations dealing with the risk assessment process.

a. Immediate risk/safety assessment

Pursuant to the IDHW Guidelines and Rules, an immediate risk/safety assessment must be completed within five (5) days of seeing the child. Based on seventeen (17) immediate risk factors, a determination must be made as to the child's safety. The child's safety will be categorized in one of three ways: safe, conditionally safe, or unsafe. A child is considered to be "safe" within the meaning of IDHW's Guidelines when an assessment of available in-formation leads to the conclusion that no children are likely to be at immediate risk of harm at this time.

In a "conditionally safe" situation, a plan is being implemented to resolve identified safety. In a conditionally safe situation, often, IDHW provides reasonable efforts (services) to the family intended to prevent removal of the child from the family. Conditional safety may also include a situation in which there is a credible/feasible plan the family formulates and can implement to keep the child(ren) safe without removal from home. The safety plan is not expected to provide rehabilitation or to permanently change behaviors or conditions. The safety plan controls and manages the situation until a more complete risk assessment can take place and a case plan can be developed with the family.

A child is considered to be "unsafe" if the child is in imminent danger and thus requires removal from home to protect him/her from immediate harm.

b. Overall level of risk.

In addition to making a safety decision, the immediate safety/risk assessment includes a determination of the overall level of risk. This determination represents the level of risk if Family and Children's Services were to discontinue involvement with the family. Overall levels of risk include: (1) no risk to low risk OR (2) moderate risk or higher.

c. Comprehensive Risk Assessment.

In situations where the overall risk is moderate risk or higher and the case remains open, a Comprehensive Risk Assessment must be completed.[13] A copy of the Comprehensive Risk Assessment Standard developed by IDHW is included in this chapter in Appendix C.

3. Dispositioning Reports

Once IDHW completes the comprehensive risk assessment, within five days, it must, according to is regulations, complete a "Dispositioning Report". In this report, the department must evaluate the report of child abuse or neglect and categorize it within one of two categories:

[13] IDAPA 16.06.01.559.04

substantiated or unsubstantiated. The criteria for each of these categories is set forth in the department's regulations.

In addition when a report is determined to be "substantiated," the department's regulations require that information must be entered into the Department Central Registry for the reporting of child abuse, abandonment and neglect.[14]

4. Importance of Using A Multidisciplinary Team Approach

Cases of child abuse, neglect, or abandonment are best handled by using a multidisciplinary team approach (MDT). MDT's are a statutory requirement.

The purpose of using a multi disciplinary team (MDT) approach in cases involving child abuse and neglect is to increase safety for children through improved information sharing, evaluation, and decision making by those agencies who have a legal responsibility to be involved in the investigation and dispositional activities.

a. Additional advantages of the multidisciplinary approach:

- ✓ Positive outcomes in civil and criminal court including lessened likelihood of intimidating court room procedures for children;
- ✓ Reduction in contamination of evidence;
- ✓ Fewer interviews of the child and family members;
- ✓ Improved assessment with more complete and accurate data;
- ✓ Cross training of all systems in the dynamics of child abuse;
- ✓ Shared decision-making, support and responsibility;
- ✓ Reduced role confusion among disciplines;
- ✓ Effective management of difficult cases;
- ✓ Minimizes likelihood of conflicts among agencies; and
- ✓ More comprehensive identification and access to services for the family.

b. Primary role/responsibilities of the prosecuting attorney

- ✓ Provide consultation during child abuse investigations;
- ✓ Initiate of civil and criminal legal proceedings;
- ✓ Determine what specific charges to file;
- ✓ Make decisions regarding plea agreements; and
- ✓ Work closely with the victim-witness coordinator

c. Primary role/responsibilities of law enforcement

- ✓ Gather evidence to support criminal prosecution or civil child protection action;
- ✓ Investigate allegations of child abuse, abandonment or neglect;
- ✓ Enforcement of laws;
- ✓ Ability to remove perpetrator from the family home in child protection cases;
- ✓ Take custody of a child where a child is endangered and prompt removal from his or her surroundings is necessary to prevent serious physical or mental injury to the child;
- ✓ Interview alleged perpetrator; and
- ✓ May interview child victim.

[14] *See* IDAPA 10.06.01.561.

d. Primary role/responsibilities of Department social workers:

- ✓ Make reasonable efforts to prevent the placement of a child when it is safe to do so;
- ✓ Conduct family risk assessment;
- ✓ May petition court for consideration of Endorsement Upon Summons;
- ✓ Child placement responsibility, explore kinship placements;
- ✓ Link family with resources;
- ✓ Develop service plan with family;
- ✓ May interview child victims; and
- ✓ Monitor family's progress and report to the court.

5. Making Reasonable Efforts to Prevent Placement Out of Home

When a child first comes to the attention of an agency as a potentially abused or neglected child, and it appears to the agency that the child may have to be removed for his or her safety, the agency worker should assess, before removing the child, whether there are any goods or services that would likely allow the child to remain safely at home.

In deciding whether to remove a child rather than keep the child at home with services, and in deciding what services to provide, the worker should consider each family individually and do at the least the following:

- ✓ Assess the family situation to determine the likelihood of protecting the child effectively in the home. The worker should identify the specific issues, if any, that place the child at imminent risk of serious harm.
- ✓ Determine whether any available services might effectively address the family's or child's specific issues.
- ✓ Consider alternative ways of addressing the family's needs - short of removal - that would allow the child to be safe when the services regularly provided by the agency appear unlikely to meet the family's needs or have inappropriately long waiting lists.
- ✓ Inform the family about available services that might address the family's or child's issues.
- ✓ Offer the family those services that the agency considers most likely to address the issue creating the risk of the child's removal.
- ✓ Give the family an opportunity to request other services not offered by the agency that the family believes might mitigate the risk of removal.

The department has developed Family Preservation Standards to inform its decisions. Those standards are included in Appendix D.

6. Removal of a Child from His/Her Home

A child may be taken into custody by a peace officer without an order only where the child is endangered in his surroundings and prompt removal is necessary to present serious physical or mental injury to the child. The child may only remain in custody for forty-eight (48) hours without a shelter care hearing.[15]

[15] *See* Idaho Code §§16-1608 & 16-1615. See also Chapters III & IV of this manual.

A child may also be removed from their home based on an Order to Remove the Child.[16] In such a case, an Affidavit in Support of an Order to Remove the Child is filed with the prosecuting attorney or deputy attorney general identifying the issues and the efforts made to eliminate or prevent the removal of the child and why it is unsafe for the child to remain in the home. The prosecutor may then file a Petition and a Motion for an Order to Remove the Child with the court. The court may issue an Order to Remove the Child which is placed on the Summons and which triggers removal of the child from their home and a Shelter Care Hearing must be held within 48 hours of removal.[17]

7. Abandonment of a Child under Idaho's Safe Haven Act

If a child is abandoned pursuant to Idaho's Safe Haven Act, IDHW is does not undertake an investigation of a claim of abandonment unless a conflicting claim of parental rights is made and the court orders the investigation.[18] A copy of IDHW's flow chart for safe haven cases is included in this chapter in Appendix B.

B. Law Enforcement Perspective[19]

1. Introduction

Law enforcement officers tend to view child abuse and neglect not as a social problem, but rather in the context of criminal law.[20] In most States, all or most all forms of reportable child abuse or child neglect are also crimes. As a result, officers generally focus their energy on preservation and collection of evidence for criminal prosecution. Unless they have been trained in the philosophy of child protection, law enforcement officers generally see little importance in family preservation. Many officers believe a parent who abuses or neglects a child has abdicated parental responsibilities and does not deserve to care for the maltreated child. Often officers consider incarceration of the persons responsible for the child's condition as the desirable outcome. As officers gain experience in cases of child maltreatment, they often begin to appreciate the civil protection alternatives FACS offers, the value of casework intervention, and the need for efforts to protect children without resorting to out-of-home placement.

Child abuse and neglect cases represent a departure from more traditional law enforcement cases. Most crime reports can be accepted as generally factual. That is, if Mrs. Jones reports her house has been burglarized, the responding officers can enter the case with the presumption that a crime has occurred and set out to find the person responsible. In child maltreatment cases, however, the officer must first establish that a crime has occurred. He or she cannot assume, in the absence of other evidence, that the injury or sexual assault reported has occurred, and that the child's condition is the result of an individual's actions or willful inaction. In fact, while the research suggests that there are few intentionally false reports of abuse, over half the cases of child abuse or neglect reported to child protective services across the nation do not present

[16] Idaho Code §16-1611(4)
[17] Idaho Code § 16-1615
[18] Idaho Code § 39-8205(2)
[19] This section of materials is taken from the Idaho Peace Officer Standards and Training Materials and is reproduced here by permission. They were originally based on DONNA PENCE & CHARLES WILSON, THE ROLE OF LAW ENFORCEMENT IN THE RESPONSE TO CHILD ABUSE AND NEGLECT (1992).
[20] AMERICAN BAR ASSOCIATION, ET AL., LAW ENFORCEMENT/CHILD PROTECTION COOPERATION IN HANDLING OF CHILD ABUSE CASES 10 (1989)

adequate evidence to be substantiated.[21] (Law enforcement officers can expect to see a somewhat higher rate of substantiated cases due to the nature of the cases with which they typically get revolved.) The role of the law enforcement officer and the IDHW social worker, as well, is first to determine if abuse or neglect has occurred, and if so, who is responsible, then decide what actions, if any, are necessary to protect the child. Only then can the officer really focus on collecting the evidence necessary for a criminal prosecution.

2. Specialized Knowledge and Skills

The crimes of child abuse and neglect also present some other unique issues. First, the victim is always a child, and some are very young. The officer's ability to communicate with children is dependent upon his/her understanding of cognitive and language development of children. The crime victims in child abuse and neglect cases are sometimes at a disadvantage in any subsequent legal proceedings because of their age and perceive immaturity. Second, many forms of abuse resemble non-abusive conditions. Inflicted traumatic injuries can resemble injuries from accidents. Some medical conditions may also be initially misdiagnosed as maltreatment, even by trained medical professionals. The situation is especially sensitive when it involves child death. Complicating the investigation further is the fact that child abuse and neglect generally occurs in private places and the victims, for a number of reasons, may actively try to hide the evidence of maltreatment and deny its existence even when approached by an investigator. Therefore, the officer must consider all reasonable alternative explanations for the child's condition.

Law enforcement officers assigned to child abuse investigations must possess special skills. The investigators chosen for this type of work should be able to communicate and empathize not only with the victim but also with the family and the perpetrator. Also, knowledge of the patterns and types of child maltreatment is a necessity for the investigator. In many instances, if the investigator understands the context of child maltreatment and if s/he can talk effectively with the offender, s/he can obtain useful information to support the social worker's report and/or the criminal investigation of the case.

Investigators who work with child abuse cases must receive special training. Specialized knowledge and skills eliminate much of the guesswork on the part of the investigator. Any law enforcement training provided to investigators must focus on the special needs of the victim. It is important for the investigator to realize that the victims of child abuse may suffer both psychological and physiological trauma. Immediate attention to psychological wounds assures greater possibility of successful treatment just as immediate attention to physical wounds assures greater probability of successful medical treatment. Investigators must also be able to share authority with professionals in other disciplines and work in a team environment with child protective services officials if a positive outcome is to be achieved for the child.

[21] U.S. Dept. of Health and Human Services, National Center on Child Abuse and Neglect, *Study Findings: Study of National Incidence and Prevalence of Child Abuse and Neglect* 6 (1988). *See also How Often Do Children's Reports of Abuse Turn Out to Be False?*, the Leadership Council, http://www.leadershipcouncil.org/1/res/csa-acc.html (2005); *Transfer of Responsibility for Child Protective Investigations to Law Enforcement in Florida: A Supplemental Study*, Penn Social Policy & Practice: Center for Research on Youth and Social Policy, http://www.sp2.upenn.edu/crysp/reports/nij_supplement/index.html (visited 5/11/2006)

3. Law Enforcement Roles

Law enforcement officers play many roles in the community's response to child abuse and neglect.

a. Prevention/advocacy

Because law enforcement officers are seen as a symbol of public safety, they are in an excellent position to raise community awareness about child abuse and neglect. Their perspective on the issue will carry significant weight with the media and the public at large. Because of this, many law enforcement agencies actively participate in community education efforts designed to reduce the risk of child abuse and neglect and encourage reporting. The most common prevention programs are held in school settings and target extra-familial sexual abuse. Officers conducting such programs must balance their presentations with material on abuse by relatives and caregivers if programs are to be effective for most potential victims.

b. Reporting

Because of their presence in the community, law enforcement officers often encounter situations that appear to involve child maltreatment. or example, on domestic calls or during drug arrests the officer may see evidence of harm to a child. Police are, in fact, legally mandated to report any suspected abuse and neglect in all but three States.[22] Nationally, law enforcement makes about sixteen (16) percent of all reports of suspected maltreatment to child protective services.[23]

c. Support to Child Protective Services

It is increasingly important for CPS and law enforcement to work together. One area of cooperation involves law enforcement support to CPS. Sometimes CPS social workers must visit isolated, dangerous locations and deal with mentally unstable, violent, and/or substance controlled individuals. Social workers generally do not have on-site communication (radio, cell phone, etc.), weapons, or special training in self-protection. Because of this and the stabilizing effect that law enforcement personnel have on many people it is often necessary for law enforcement personnel to accompany CPS social workers to conduct their investigations.

Law enforcement officers may accompany CPS social workers based on the location of investigation, the time of night, or history of the subjects involved. Failure to have proper backup has unfortunately resulted in the deaths of several CPS social workers and injuries to many others.[24]

Law enforcement's authority is also much more widely accepted than the CPS authority. Many times CPS social workers are denied access to alleged victims of maltreatment while law enforcement's requests to see the child are honored. The officer with the power of arrest is also in an excellent position to enforce any standing orders of the court. For example, in states such as Idaho that allow warrantless arrests of those violating civil protection orders (upon complaint by the party with the order),[25] the officer may be able to remove an offender from the home who

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[22] LAW ENFORCEMENT/CHILD PROTECTION COOPERATION, *supra* note 19 at 20

[23] *Study of National Incidence and Prevalence of Child Abuse and Neglect, supra* noe 20 at 6-17.

[24] *See, e.g.*, Benjamin Shors, *Man Killed by Deputy After Attack on Worker: CPS Worker Treated in Hospital After Man Attacked Her with a Machete*, Spokesman Rev. February 17. 2005 at B1

[25] Idaho Code § 19-603(6)

has previously been placed under restrictions by the court. In some circumstances, this may avoid the need to remove a child from his/her home.

When it is necessary to remove children from their home, law enforcement officers are often called upon for assistance. Law enforcement has general authority to take custody of children.[26] Although prior Idaho authorized personnel of the Department of Health and Welfare to take custody of children, that authority was rarely used. In 2001, the provision authorizing removal of a child by IDHW personnel was removed from the CPA.[27]

d. Immediate response

Law enforcement is often able to react to emergency situations faster than CPS. If officials learn that a child is being seriously abused or the perpetrator is trying to flee the jurisdiction of the court with a child in state custody, a patrol unit can generally get to the scene much faster than CPS and stabilize the situation until CPS and/or law enforcement investigators can arrive. Law enforcement is also available 24 hours a day while the CPS after hour response is limited in some communities.

e. Investigative role

Law enforcement is the criminal investigative agency in the community and often must investigate the same incident, involving the same people, as CPS. In many communities this involves a parallel investigation where CPS and law enforcement must avoid working at cross proposes. To avoid potential conflict and to improve investigative outcomes, a team approach with CPS and law enforcement working collaboratively is desirable.

There are, however, cases of maltreatment where law enforcement personnel generally work alone or take the lead role. These include child homicides, particularly where no other children are in the home; out-of-home care abuse (in many states); commercial child pornography (these cases often involve law enforcement teams with postal inspectors and the FBI); and organized sexual exploitation of minors (again involving the FBI if state lines were crossed).

f. Victim support

In communities where no victim witness services are available, the law enforcement officer may be called upon to help prepare and support the child victim through the experience of prosecution. This may include taking the child to the courtroom prior to trial to see where everyone sits and explain what each person's role is; it may simply mean being available to a child who wants to talk about what is happening during the trial.

4. The Team Investigation

Increasingly, professionals involved in child abuse and neglect investigations recognize the need to eliminate unnecessary duplication of effort, to promote proper and expeditious collection and preservation of evidence, and to develop a coordinated system for identifying and investigating appropriate cases.[28] This is best accomplished through a team approach, where both CPS and

[26] Idaho Code § 16-1608
[27] 2005 Idaho Sess. Laws 1263.
[28] DAVID J. BESHAROV, CHILD ABUSE AND NEGLECT REPORTING AND INVESTIGATION: POLICY GUIDELINES FOR DECISION MAKING 3 (1988)

law enforcement work collaboratively, sharing information, assigning investigative tasks, and participating in a shared decision-making process.[29] As a result of a team effort, the victim is less likely to be further traumatized by the investigation and a positive outcome for all investigative parties is enhanced.

The Tennessee Child Sexual Abuse Task Force found in 1986:

> The team representatives of each discipline (law enforcement, child protective services, and in some cases prosecutors and mental health) bring their various expertise to be utilized as part of the total investigative process. By applying their expertise as part of a coordinated effort the Team members can work more efficiently and effectively. The independent goals of each discipline are still met with the only difference being thin the investigative process will be coordinated through the Team. All Team members will not actually work all aspects of the investigation, but all will actively coordinate the total process drawing from the resources available through all involved disciplines and other disciplines as needed.[30]

Law enforcement brings to the team "expertise in the collection and preservation of evidence, in crime scene examination, and in taking statements and confessions."[31] Law enforcement can also make arrests and present the criminal case in a lawsuit through obtaining warrants, presenting the case at a preliminary hearing or grand jury and in criminal court. CPS social workers often have greater experience in interviewing children (victims and siblings), in assessing the risk of further abuse, in arranging for medical or psychological exams and services, and in working with the protective alternatives of juvenile or family court. Law enforcement can take children into custody, but the CPS agency must provide foster care services.

Other members of an investigative team might include the prosecutor or agency attorney who assesses the evidence as it is collected and then formally prosecutes the case. The prosecutor can assist in preparing search warrants, preparing witnesses, advising on legal issues involved in the investigation, and providing general direction and guidance. Mental health professionals also provide consultation to investigators on the clinical needs of the victim and others involved in the investigation, help interpret psychological information secured, and offer guidance on interviewing strategies with children and adults. To facilitate team operation, Idaho law provides for multi-disciplinary teams.[32] As the participants in a national consensus building conference on CPS/law enforcement cooperation concluded, the protocol should include:

- ✓ statement of purpose;
- ✓ discussion of joint and respective missions and organizational responsibilities;
- ✓ types of cases covered (e.g., sexual abuse and serious or potentially serious cases of physical abuse);
- ✓ procedures for handling cases, including special investigative techniques;
- ✓ criteria for child's removal;

[29] ATTORNEY GENERAL'S TASK FORCE ON FAMILY VIOLENCE: FINAL REPORT 13 (1984)
[30] TENNESSEE DEPARTMENT OF HUMAN SERVICES, CHILD SEXUAL ABUSE TASK FORCE: CHILD SEXUAL ABUSE STATE PLAN (1986)
[31] LAW ENFORCEMENT/CHILD PROTECTION COOPERATION, *supra* note 19 at 31.
[32] Idaho Code § 16-1617

- ✓ criteria for arrest of suspects;
- ✓ criteria for law enforcement referral to the CPS agency;
- ✓ criteria for CPS referral to the law enforcement agency;
- ✓ procedures to assist the CPS agency;
- ✓ criteria and/or procedures for joint investigations, including timing, determining who has prime decision-making authority, and concurrent prosecutions;
- ✓ provisions for joint training;
- ✓ provisions for multi-disciplinary consultation; and
- ✓ criteria and/or procedures for cooperation/coordination with/among agencies. [33]

Effective collaboration is based on mutual understanding of the unique perspective of each discipline. interagency collaboration does not blend the disciplines into a homogeneous mix where the police are indistinguishable from CPS social workers. Rather a multidisciplinary team seeks to create a final product that retains the flavor and integrity of each ingredient. By understanding why other professionals believe and act as they do, team members are better able to accept, if not always agree with, the action of a fellow team member.[34]

a. Problems In Working Together

The CPS social workers approach the job from a different perspective than most police officers. CPS social workers have a dual role, one part of which may appear to conflict with the other. The dual role is mandated by law in most States and is integrated throughout social work literature and training. CPS is charged with the responsibility of protecting children from further abuse and neglect. This is a difficult task involving assessing not only what has happened but also predicting if it will ever happen again. As with police, the basic investigative questions for CPS are: Did the child suffer harm or is the child likely to suffer harm? Did the parent or caretaker cause the harm? What is the likelihood of the child being harmed in the future? What steps are necessary to protect the child? It is the last question that brings into play the second role of CPS: to make all reasonable efforts to preserve the family. The CPS agency is obligated to attempt to keep the family together or, once separated, to work toward family reunification. It is this role that becomes a major source of conflict on many teams. Many officers see permanent removal of the child, termination of parental rights, and adoption of the child as the only route available for the child to grow up in a "normal" setting. Officers may not understand the CPS philosophy that if his/her safety can be assured, the child's own family is the preferred place for him/her. Also, officers may not be aware of the problems and realities of foster care or the legal difficulties in terminating parental rights.

The decision-making processes of the two systems differ in many ways. Law enforcement officers are accustomed to making rapid life and death decisions in the field without supervisory consultation or approval. Many CPS agencies have procedures that involve "shared decision making" on critical issues such as the emergency removal of a child. Police find the CPS need to consult with supervisors frustrating, time consuming, and an example of bureaucracy at its worst. CPS social workers find that consultation reduces inappropriate actions based on the emotions of the moment.

[33] LAW ENFORCEMENT/CHILD PROTECTION COOPERATION, *supra* note 19 at 40.
[34] Donna Pence & Charles Wilson, *The Uneasy Alliance*, ADVISOR 1(1989)

Visitation between the child in foster care and his/her parents is another source of conflict. Laws, court decisions, and agency procedures, encourage visitation between a child and his/her parents once in foster care. Visitation is considered vital to the child's sense of continuity and belonging even when removed from an abusive home. It is, after all, the only home the child has known and even abusive parents represent some degree of security and attachment for the child. This visitation, generally supervised in cases of sexual abuse or severe physical abuse, is usually therapeutic for the child and is essential if the child is to return home. However, law enforcement may view visitation as undermining the criminal prosecution. Police often believe that the parents are using the time to directly or subtly pressure the child to recant (and often they are right). Many police and prosecutors would prefer to suspend visits pending the outcome of a criminal case. CPS typically disagrees and emphasizes that isolating the child from the family for an extended period can also lead to recantation of any allegations.

Recommendations for disposition of the offender after the conclusion of the investigation often emphasizes the differences in philosophies of law enforcement and CPS. In intra-familial cases, recommendation for treatment outside of the correctional system has been a fairly common procedure for CPS staff. The vast majority of law enforcement officers are extremely skeptical about the efficacy of most treatment programs and, indeed, about the expertise of most therapists. They perceive that many of the offenders are just "going through the motions" in treatment to comply with court orders, and they see therapists, aided and abetted by CPS social workers, helping manipulative offenders escape the punishment they so justly deserve.

When lack of coordination or other factors lead the CPS social worker to initiate the investigation alone or to interview any of the principals without law enforcement, the danger exists that they will unwittingly tamper with or destroy physical evidence or lead others to do so. But once familiar with the value of physical evidence collection, CPS staff can become frustrated with a law enforcement officer who does not pursue a timely search warrant where appropriate.

These conflicts must be minimized and properly dealt with if the investigative goals of all patties are to be achieved and the secondary trauma to the victim limited. These issues can be addressed on two levels, the systems level and the individual level.

b. Systems level recommendations

Community service delivery systems should:

- ✓ Establish formal teams. Idaho law requires the use of multidisciplinary teams. If teams are not functioning in a particular area, the participants in the process need to address the problems and work together.
- ✓ Establish investigative protocols. Protocols that clearly lay out the roles and responsibilities of both police and child protection standardize practice and enhance collaboration. Protocols can be developed even where no team agreement exists. Protocols enhance investigations by limiting conflict and clarifying expectations.
- ✓ Provide adequate personnel to both agencies. The sources of conflict are amplified when a disparity exists in the personnel resources available to the two agencies. When CPS staff committed to the team are disproportionate to police staff, conflict is inevitable as CPS feels compelled to proceed even though law enforcement is unavailable to

participate. Disparity in resources also may affect the individual level of commitment to the team concept, with resulting conflict.

- ✓ Joint training. This is one of the keys to collaboration once the team concept is realized. Training provides all parties with an opportunity to hear the same information and to learn skills together. It also provides an opportunity to acquaint the other discipline with the philosophical perspectives and unique concerns of others.

c. Individual level recommendations

Individual professionals should:

- ✓ Reach out to the other discipline. This should bc done in informal, non-threatening ways. It can take many forms, from suggesting that team members meet in a non-work setting to inviting other disciplines to a staffing or case consultation. It is important for team members to know that they ate professionally and personally valued.
- ✓ Share professional information. Even when joint training is not available, individuals can share research articles, procedure manuals, or other materials of mutual interest. Each contact helps build the sense of trust and breaks down the barriers to effective team work, particularly if the material shared relates to an area of conflict.
- ✓ Keep communication open. Even when the system does not provide for a close team approach, individuals can keep their counterparts informed on the status of individual cases through notes or telephone calls.
- ✓ Confront the conflicts openly. Areas of professional or personal conflict should be confronted in a non-threatening and open manner. Discussion can put the issues on the table and sort them out. Some issues can be resolved; on others, the parties may agree to disagree.

The conflicts inherent in the relationship between CPS and law enforcement are serious but do not have to present road blocks to working together effectively. Communicating and formalizing the relationship where possible can break down barriers to effective team work. Dissonance can be reduced, and conflicts can be minimized. When the team concept works, it works for all: the police, CPS, and most importantly the child and family.[35]

C. Prosecutor's Perspective

1. Investigators Should Seek Complete Information When Investigating CPA Cases

Often, the perspective of the IDHW social worker and the prosecutor or deputy attorney general who will prosecute the case are slightly different. Investigators must obtain the information necessary to support a decision to file a child protection case in a form that is admissible as evidence. This information includes:

- ✓ Children's names, sexes and ages.
- ✓ Children's address and the names of all persons who live at that address.
- ✓ Parent's names, date of birth and addresses.
- ✓ Proof of paternity may need to be established through testing or acknowledgments.
- ✓ Parent's current or prior marital status.
- ✓ Existence of a divorce or custody decree and identity of the court in which the decree is filed.

[35] *Id.*

- ✓ Whether or not the children are Indian children.
- ✓ Date, time and place the children were declared in imminent danger.
- ✓ The name of the person/officer who declared imminent danger and his/her agency (IDHW, ISP, county, or city police).
- ✓ Prior referrals or court cases.
- ✓ Facts that bring the case under the CPA. (i.e. the condition of the home, whether or not drug use is involved, the level, type and duration of abuse or neglect, etc.) Focus on the child protection concerns, not just any criminal activities. The report should explain why the children need to be protected.
- ✓ What reasonable efforts have been made to prevent removal, if any.
- ✓ Presence of aggravated circumstances.

The Prosecutor will review the evidence of abuse and neglect provided by the social worker with a view to whether such evidence can be admitted in court to prove the state's authority to take custody of the child. The prosecutor cannot rely on hearsay to prove the case. In addition, the prosecutor may not be able to obtain the testimony of witnesses who would incriminate themselves by testifying.

Attempts to locate non-custodial parents and putative fathers should also be made.

2. Input from Multidisciplinary Teams (MDTs)

Idaho law requires each county prosecuting attorney's office to develop an interagency multidisciplinary team for their county.[36] The team must include law enforcement personnel, IDHW child protection staff, and a representative from the prosecutor's office. The team should also include a representative from the local guardian *ad litem* program, and any other person necessary because of special training (such as medical personnel or mental health workers).

The role of the MDT is to develop protocols for the investigation of child abuse cases and for interviewing child victims of abuse and neglect.[37] IN addition the MDT should work out agreements for inter-agency operations and collaboration.

MDT team members are to be trained in risk assessment and child abuse investigatory and interviewing techniques. The MDTs are charged with providing an independent review of investigation procedures. Such reviews should provide for independent citizen input.[38] As part of this process, MDTs may review particular cases and provide input and direction to other persons involved in a potential child protection case.

3. What Justifies Filing a Child Protection Case?

The court has jurisdiction over any child who is:

- ✓ living or found within the state, and
- ✓ neglected, abused, or abandoned, by his parents or guardian, or who is homeless or whose parents fail to or are unable to provide a stable home environment OR

[36] Idaho Code § 16-1617
[37] Idaho Code § 16-1617(2)
[38] Idaho Code § 16-1617(3)-(5)

- ✓ living or having custodial visitation in the same household as another child who the court has jurisdiction over and the child has been exposed to or is at risk of being a victim of abuse, neglect or abandonment.

Abuse consists of conduct or omission resulting in skin bruising, bleeding, malnutrition, burns, fracture of any bone, subdural hematoma, soft tissue swelling, failure to thrive or death, and such condition is not justifiably explained, or where the history given is not consistent with the degree or type of injury or the circumstances indicate that the injury may not be the product of an accident. Abuse also includes sexual molestation or exploitation.[39]

Abandonment means failing to establish and/or maintain a normal parental relationship with the child including reasonable support or regular personal contact. Failure to maintain this relationship for one year is prima facie evidence of abandonment. However, the period of time for abandonment may be substantially less than one year. For instance, abandonment might exist where a parent drops the children off at the police station and says: "Here are my kids, I can't handle them anymore. I don't want them. They are the state's responsibility now."[40]

Neglected means a child who is without proper parental care or control, or subsistence, education, medical or other care necessary for his well-being because of the conduct or omission of his parents or guardian. Neglect includes the situation where a parent cannot provide for his or her child due to incarceration, hospitalization or other physical or mental impairment.[41]

Homelessness is not defined in the Idaho Code, but presumably common sense applies. If a family is homeless, but they are willing to go to a place of shelter, a child protective case may not be necessary unless there are other concerns such as abuse or neglect.

Unstable Home Environment is also not defined. Common sense also should apply here. A good example of an unstable home environment might be a home in which drug deals are constantly made, people come and go at all hours, various different people are living in the home for a few days at a time, etc. Also, an unstable home environment could be a home in which the children are not abused, but they witness domestic violence between adults. The whole situation should be looked at in determining whether or not the home is "unstable." One factor by itself may not be determinative, but the combination of everything may rise to the level that the child needs to be removed or protected.

4. Should a Child Protection Case Be Filed?

Once the prosecutor is contacted by IDHW and/or law enforcement she or he must decide whether to file a child protection case based on the information presented by the investigators. In deciding whether to file, the prosecutor should consider the following things:

- ✓ Can the case be proved in court?
- ✓ Are there witnesses to the conduct/conditions who can testify?

[39] Idaho Code § 16-1602(1)

[40] Idaho Code § 16-1602(2). Note: The Idaho Safe Haven Act , Idaho Code §§ 39-8202 to -8207, was enacted in 2001. Under certain circumstances, this act allows parents to anonymously abandon infants under thirty (30) days old without risk of criminal charges.

[41] Idaho Code § 16-1602(21).

- ✓ Are there photographs or medical records?
- ✓ What do we seek to accomplish by filing the case? If the same goals can be accomplished by another method, such as a voluntary agreement, opt for the voluntary agreement.
- ✓ If the goals are accomplished, will the child be in a better situation?

Prosecutors should coordinate with the social worker to develop the proof necessary to estaglish a case if possible..

5. When is Shelter Care Justified?

To remove a child from his or her home due to imminent danger, the child must be endangered in his surroundings, and prompt removal is necessary to prevent serious physical or mental injury to the child. This is very significant action, which should not be undertaken without first considering other alternatives.

Alternatives to removal of the child:

- ✓ Removal of an alleged offender from the home.[42]
- ✓ Voluntary agreements by the parents. Placement with other relatives either permanently or temporarily may eliminate the need for shelter care.
- ✓ If a child is presently safe, but there is concern that he will be removed from safety by a parent, a protection order can be sought by the prosecutor. This order would bar the removal of the child pending a hearing. This is most often used where a child has been living with a stable relative, such as grandparents, but the abusive or neglectful parent is threatening to come get the child.[43]
- ✓ Protective Supervision -- filing a petition without removing a child can allow IDHW to provide supervision and services to the family in the home. Consider whether the child can safely remain in the home while the DHW monitors the situation.[44]

D. Emergency Medical Treatment.

In cases where the parents/guardians of a child cannot or will not give consent for medical treatment, the court can order the necessary treatment.[45] (This can also be used if a parent cannot be found to give consent.) This only applies if the child's health would be greatly endangered and the parent fails or refuses to consent to treatment. A CPA petition does not need to be filed to get this court order. Example: A child needs a blood transfusion or she may die. Her parents are good parents, but for religious reasons, they will not consent to a blood transfusion. The court can order the transfusion, if a doctor states that the child's health will be greatly endangered without it. Usually, this will need to be a very expedited process and would involve calling the on-call prosecutor and getting a judge available as soon as possible.

[42] *See* Idaho Code § 16-1609(2)
[43] *See* Idaho Code § 16-1611(5).
[44] *See* Idaho Code § 16-1619(5)(a)
[45] *See* Idaho Code § 16-1627.

E. Appendix A: Idaho Department of Health & Welfare Priority Guidelines

PRIORITY GUIDELINES

Definitions

1. FACS worker

   FACS workers are direct service personnel in the regional Family and Children's Services offices including, social workers, clinicians, counselors and psychologists. FACS staff also include individuals with whom the regional Family and Children's Services programs have contracted to provide services.

2. Response

   Any earnest and persistent documented effort to place in motion actions to assess the allegations of a referral and/or protect the child in question.

3. Documented

   If the Priority Standards are not followed, documentation in the case record will indicate the variance and reasons for such deviation. Supervisors will review and sign the variances.

4. Seeing the Child

   Face-to-face contact with the child by the FACS worker which may or may not be in the family home. Response time for seeing the child begins when the referral is received by the Department.

5. Third Party

   Refers to someone outside the parental home who is not a primary care taker or legal custodian of the child and who no longer has access to the child.

6. Variances

   A child may not be seen within designated response times. The rationale behind the delay must be thoroughly documented and reviewed by the supervisor. Circumstances that might warrant a variance include:

   a. Geographical constraints
   b. Weather hazard
   c. Good Practice Decisions or Professional Judgment
   d. Law enforcement has already sheltered the child
   e. Worker safety
   f. Law enforcement is unable to accompany a DHW worker and worker safety issues are identified in the referral.
   g. Other (child has left the area, unable to locate, etc.)

7. Reasonable Efforts to Locate

   Reasonable efforts to locate a family and see a child may include:

   - Re-contacting the referral source to verify the address.

- Contacting the family after regular office hours through the assistance of an on-call social worker.
- checking with landlords and/or neighbors, utility companies, a family's self reliance specialist, child support's parent locator service, local schools and law enforcement for a current address or any knowledge of the family's whereabouts.

Before a case is closed because a family cannot be located, the case must be reviewed by the worker's supervisor and/or team.

PRIORITY GUIDELINES

The following Priority Response Standards establish the requirements for evaluating safety issues within FACS mandates. Use the Standards to determine the immediacy of the response required and follow regional protocols to assure assessment and reduction of safety/risk issues in accordance with state and regional standards.

FACS does not respond to every referral. Since FACS initiated contact with families may be intrusive there must be reason to believe that the presenting issue in the initial referral requires FACS mandated service in order to initiate the immediate safety/risk assessment process.

In cases where the facts related are questionable or unclear, it is appropriate to corroborate and consider facts presented by the referent prior to making a decision about whether the Department should initiate direct contact with the family.

Although these guidelines establish a response standard, a referral may be considered a higher or lower priority than suggested by the standards. Reasons for making a referral a lower priority than suggested by the standards must be documented as variances by the supervisor in the case record.

PRIORITY 1
Immediately notify your supervisor of all Priority 1 cases.

A CHILD IS IN IMMEDIATE DANGER involving a life-threatening and/or emergency situation; the Department shall respond immediately. Law enforcement must be notified and requested to respond or to accompany FACS worker. The child must be seen by a FACS worker immediately unless written
regional protocol agreements direct otherwise. The child shall be seen by medical personnel when deemed appropriate by law enforcement and/or FACS
worker. Every attempt should be made to coordinate the Department's assessment with law enforcement's investigation.
Reasons for variances must be documented in the case record.

Death of a Child
Minor siblings remaining in the family home, when death of a child is alleged to be due to physical abuse or neglect by the child's parents, guardian, or caretaker.

Dangerousness or Risk of Physical Harm due to Mental Illness

Referrals involving immediate life threatening danger of children to self or others due to mental illness and/or grave disability. Response should be an evaluation process that will reduce risk by assisting parents with appropriate referrals and/or assessing the child to determine eligibility for services through the Department.

Life Threatening Physical Abuse

Severely physically abused children with observable injuries or symptoms that are, or could be, life threatening. Some examples of severe injuries or situations include, but are not limited to:

head injury with loss of consciousness or vomiting;
unusual or severe bleeding;
multiple injuries (battering);
fractures in non-ambulatory child (usually an infant or toddler;
shaken baby syndrome;
all allegations of physical abuse of a child through age 6 should be considered under priority one unless there is reason to believe that the child is not in immediate danger.

Life Threatening Medical Neglect

Physically ill children who are medically neglected in a way that is life-threatening. Includes abrupt and significant (10%) weight loss in a child under three (3) years of age.

Life Threatening Physical Neglect

Children who appear-to be in immediate danger because the caretakers are physically absent and/or are unable to provide adequate care. This would include neglect of children through age 6 unless there is reason to believe that the child is not in immediate danger.

Withholding Medically Indicated Treatment in Severely Disabled Infants with Life Threatening Conditions

For guidance on how to respond to allegations of withholding medically indicated treatment in severely disabled infants with life threatening conditions, please see the **Idaho Health and Welfare Guide to Policy and Procedures for Assessment and Disposition of Medical Neglect of Handicapped Infants.**

Infants Testing Positive for Drugs at Birth

The Department will assess the risk to the infant and the family's ability to care for the needs of the infant. Response should be an evaluation process that will reduce risk by assisting parents with appropriate referrals and/or assessing the health and safety of the child.

Mothers who Test Positive for Drugs at the Birth of their Baby

In situations when the mother tests positive for illegal drugs but the baby either tests negative or was not tested for illegal drugs, the Department will respond to assess the safety of the infant by

determining how the use of an illegal substance may impact the parent's ability to care for the needs of the newborn child.

Preservation of Information/Risk of Family Leaving Area
Abuse or neglect cases in which critical information is likely to be lost if not gathered immediately, or there is a history of the family leaving the area to avoid intervention.

Sexual Abuse
Children who are in immediate danger of being sexually abused by parents, guardians, relatives, or other caretakers, or situations in which abuse occurred because of lack of protection on the part of the caretakers from the alleged abuser. A referral is considered a priority I response if the alleged offender has immediate unrestricted access to the child and circumstances indicate immediate response.

Sexual Exploration
In reports of sexual exploration, parents will be encouraged to supervise their children more closely. Referrals involving children under eighteen years of age will not be considered sexual abuse unless the parent/caregiver is unable to ensure the child's(ren's) future safety.

PRIORITY II

A CHILD IS NOT IN IMMEDIATE DANGER, but allegations of abuse, or serious physical or medical neglect, are clearly defined in the referral; response shall be within twenty-four (24) hours. The Child must be seen by a FACS worker within forty-eight hours of the Department's receipt of the referral unless written regional protocol agreements direct otherwise. The child shall be seen by medical personnel when deemed appropriate by law enforcement and/or FACS worker. *Law enforcement must be notified within twenty-four (24) hours of receipt of all Priority II referrals which involve issues of abuse or neglect*. If possible, attempts should be made to coordinate the Department's assessment with law enforcement's investigation.
Reasons for variances must be documented in the case record.

Non Life-Threatening Physical Abuse
(All allegations of physical abuse of a child through age 6 should be considered under priority one unless there is reason to believe that the child is not in immediate danger.) Physical abuse of a child over age six (6) with observable, non life-threatening injuries.

Bruises on children often occur as a result of child play. Before being assigned for risk assessment, a referral should contain reason to believe that physical abuse has occurred. Consideration should be given to the following factors?

- Age and developmental stage of the child.
- Location and size/shape of the bruise.
- Plausibility of the explanation of the bruise.
- Disclosure of the child.
- Witness.

Corporal punishment is not considered abuse as long as the spanking or hitting does not leave marks or bruises.

Non Life-Threatening Physical or Medical Neglect
Physical or medical neglect that is dangerous and poses health hazards to the child, and that may result in physical injury or impairment of the bodily function. Includes growth rate below the third percentile or chronic untreated infections.

Sexual Abuse
Children whose immediate safety needs are currently addressed, as verified, but where the children were allegedly sexually abused by parents, guardians, relatives, or other caretakers or situations in which abuse occurred because of lack of protection on the part of the caretaker(s) from the alleged abuser and the children are not in immediate danger.

Disabilities
Children who are severely disabled and/or unable to communicate are generally more vulnerable for abuse and/or neglect. When receiving a referral regarding a child with a severe disability, social workers should consult with persons knowledgeable about disability issues. They should ensure that services are in place that will minimize risk to the child and promote family preservation.

PRIORITY III

A CHILD IS NOT IN IMMEDIATE DANGER, but allegations of abuse or neglect are clearly defined in the referral as a result of the parent or caregiver failing to meet the age appropriate needs of the child. The Department shall respond
within three (3) calendar days. Child must be seen by the Department FACS worker within five (5) calendar days of the Department's receipt of the referral. **Reasons for variances must be documented in the case record.**

Inadequate Supervision
If children are unsupervised issues to determine response are:

- Age of the child.

Is the child developmentally delayed or disabled?
How long has the child been alone?
What happens as a result?
Have prior arrangements and commitments been made for others to help in an emergency?
Are there factors which interfere with a parent's ability to supervise a child (i.e., substance abuse, mental illness, etc.)?
Has there been a pattern of lack of supervision?

If the parent/caregiver arranges for a sibling or another child to baby-sit, consider the babysitter's ability to provide care. Some factors to review include:

- Age of the babysitter.
- Age of the children he/she is required to watch.

- Number of children.
- Maturity of the babysitter.

A presenting issue should be assigned for a safety/risk assessment depending on the age and developmental level of the child, how long the child has been alone, and failure of the parent/caregiver to plan for the child's care.

Home Health and Safety

A physical environment that is a health or a safety hazard which may directly affect the health of a child. If there are no health and safety factors as they relate to the children in the home, the Department will not be directly involved.

Issues to determine response are:

- Weight loss as a result of the care provider not providing food or drink to the child for prolonged periods.
- No housing or emergency shelter; Harsh weather or other conditions exit that place child in danger.
- Exposed wiring or other safety hazards.
- Evidence of human or animal waste throughout living quarters.
- Perishable food that has rotted and may cause illness.
- Serious illness or significant injury has occurred due to living conditions and these conditions still exist.

Home environments that are cluttered or do not meet community standards of cleanliness are not considered for Priority III assignment unless health and safety factors are clearly identified in the referral. Referrals regarding head lice and lack of immunizations are not considered safety issues and will not be assigned for risk assessment.

Moderate Medical Neglect

Caregiver does not seek treatment for child's moderate medical condition(s) or does not follow prescribed treatment for such condition. It may also include a pattern of excessive medical care.
Issues to determine response are:

- Verification, by a medical personnel, of the medical condition and required treatment prior to assigning the presenting issue for further assessment.

2. Domestic Violence

Caregiver may be a victim of family violence which affects caretaker's ability to care for and/or protect child(ren) from immediate harm.
Issues to determine response are:

- Child has been injured during an episode of domestic violence.
- Child has been used as a shield during an episode of domestic violence.
- Child's basic needs have been seriously neglected because adult victim was incapacitated by domestic violence.

Situations that may impact a child's safety include:

- Batterer has used or threatened to use a weapon during domestic violence assault.

- Batterer has continued a pattern of partner abuse after a court order/restraining order.
- Batterer has stalked partner and/or children.
- Batterer has caused injuries serious enough to require medical attention or hospitalization.
- Batterer has threatened homicide or suicide.
- Frequency and/or type of violence have been escalating.

Although the DHW recognizes the emotional impact of domestic violence on children, due to capacity we can only respond to referrals of domestic violence that involve a child's safety. Referrals alleging that a child is witnessing their parent/caregiver being hurt will be referred to law enforcement for their consideration. Additionally, referents will be given referrals to community resources.

Substance Abuse

The DHW will respond only to referrals involving substance abuse where the use of drugs or alcohol seriously affects the caregiver's ability to supervise, protect, or care for their child(ren). Issues to determine response are referrals alleging:

- Child has been exposed to parent/caregiver manufacturing drugs.
- Child's basic needs for adequate clothing, food, shelter, supervision or medical care have been neglected while caregiver may have been obtaining and/or using drugs/alcohol.
- Child has found and ingested drugs/alcohol while unsupervised.
- Parent/caregiver or alleged offender may have given drugs (not prescribed by a physician) or alcohol to infants or young children to sedate them or control their behavior.

If the referent can not define or describe how the use of drugs or alcohol is posing a safety issue for children, the referral will be entered as information only and will not be assigned for risk assessment.

Educational Neglect

The DHW encourages school districts to work with their school resource officers and local prosecutors around issues of educational neglect. School districts are encouraged to send reports of excessive absences to the county prosecutor for further consideration.

- Home Schooling – Referents with reports involving home schooling may be referred to the regional representative of the home school association. The DHW will not monitor home schooling.

Historic Reports of Physical Abuse or Neglect:

The DHW will not respond to referrals of physical abuse or neglect where the situation has resolved or physical evidence is no longer available.

Examples may include:

- Report of bruising or marks that may have been observed in the past but are no longer present.
- A landlord reporting unsanitary conditions in his/her rental after the family has moved to another house.

Exceptions may be made in cases of infants or small children. For example, a referral would be assigned with a report of a caregiver shaking or hitting an infant, even though no medical or physical evidence has initially been established.

History of Referrals

Issues to consider in determining a response:

- What is the frequency of referrals? How much time has passed with the family having no referrals?
- What is the disposition of past referrals?
- Who is making the referrals?
- Is it the same referent with issues that have been explored but not validated?

Multiple Reports Involving Issues of Child Custody

Issues to consider in determining a response:

- Have the issues been explored in a previous risk assessment containing the same or similar referral reasons?
- Has the parent filed a protection order on behalf of the child?
- Has the case been staffed with the multidisciplinary team? What is the direction of law enforcement and the prosecutor?

If a safety/risk assessment has been conducted, prior to assigning subsequent referrals containing the same referral reasons, it is recommended to staff the case with law enforcement and/or the prosecutor to avoid duplicating or contaminating the interview process. Subsequent referrals containing the same issue may be assigned only upon supervisory and/or regional management approval.

Third Party Abuse/Neglect (Recorded as I&R)

Third party referrals are those referrals where:

- the child's parent/guardian has taken action to protect the child from abuse/neglect;
- the parent/guardian is not the alleged offender; and
- the alleged offender no longer has access to the child.

When all information indicates that the child is protected, the referral will be prioritized for Information and Referral and forwarded to law enforcement for investigation. Due to high caseloads, the Department of Health and Welfare may not provide assistance to law enforcement in interviewing children involved in third party referrals. (Forensic interviewing training is available for local police officers through a Department of Health and Welfare contract with Police Office Standards and Training.)

Third Party Reports of Child Abuse or Neglect by a Day Care Provider or Others in a Day Care Setting.

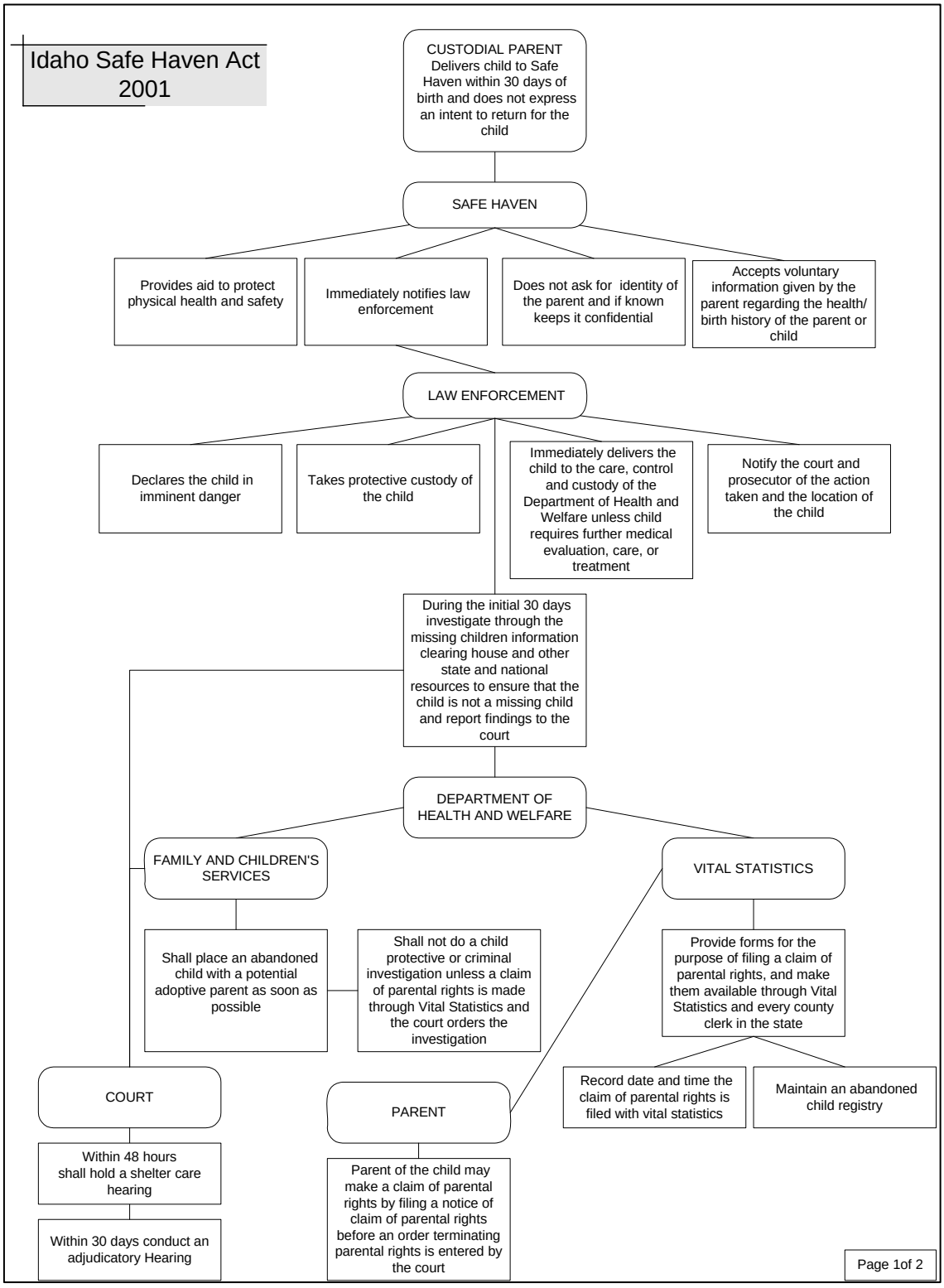
A referral of child abuse/neglect in a day care setting is considered to be a third party report if the parents of the child of concern are protecting the child. All information contained in the referral will be forwarded to law enforcement with notification that Children and Family Services will not be responding to the report.

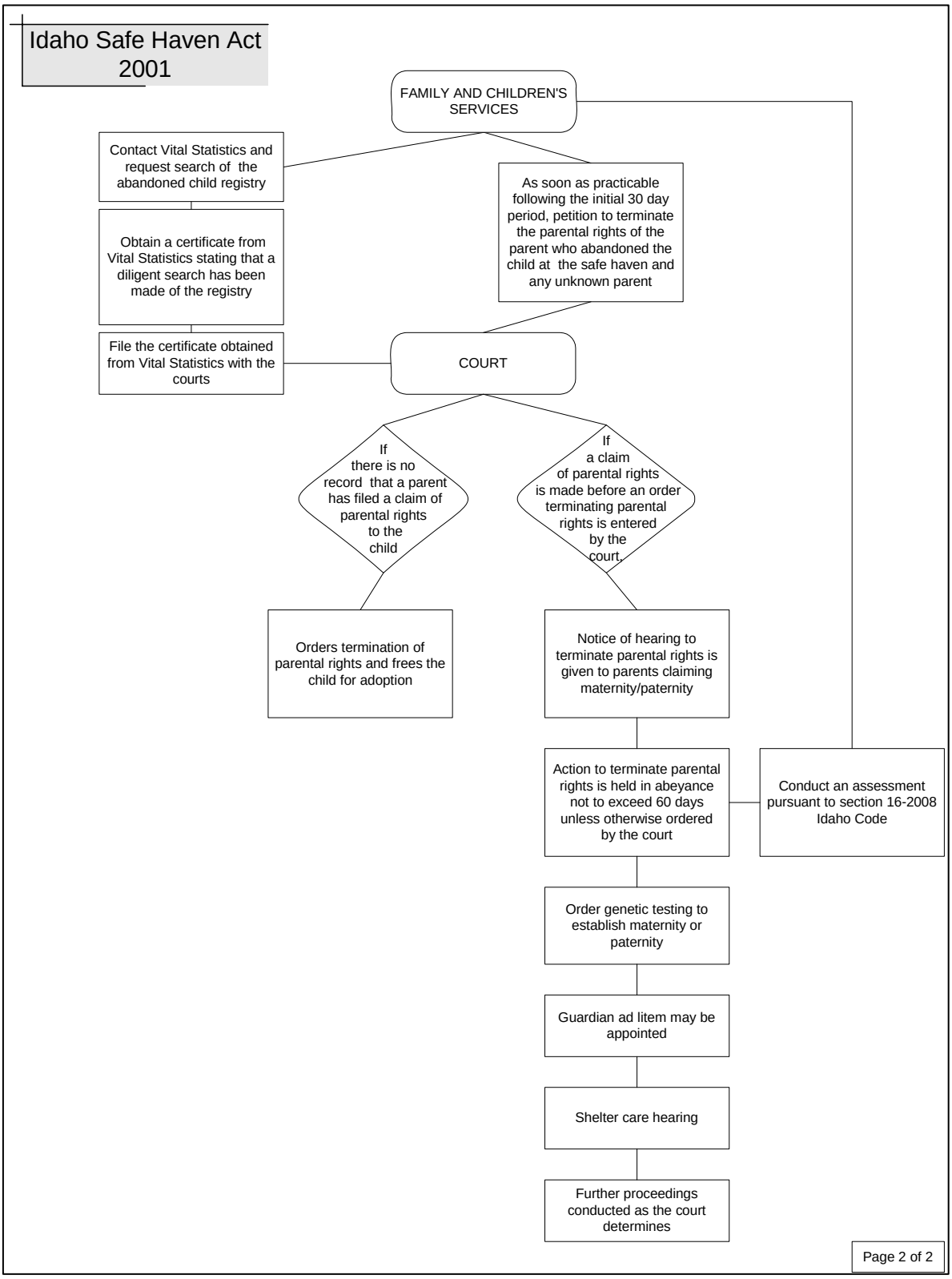
If the day care provider is licensed by the Department of Health and Welfare, Department staff must follow-up with law enforcement to determine if the results of their investigation would affect the status of the day care license.

If the referral alleges that parents are not protecting their child from abuse/neglect, the referral does not meet the definition of a third party referral. Such referrals must be prioritized according to the Priority Response Guidelines and the Department must conduct a safety assessment.

Reports of concerns related to day care providers that do not fall within the definitions of child abuse or neglect in the Child Protective Act should be referred to health districts, fire departments, or other agencies, as indicated. Examples of this type of report would be the staff to child ratio or unsafe well water.

F. Appendix B: Idaho Safe Haven Act Flow Chart




Idaho Safe Haven Act 2001
FAMILY AND CHILDREN'S SERVICES
Contact Vital Statistics and request search of the abandoned child registry
Obtain a certificate from Vital Statistics stating that a diligent search has been made of the registry
File the certificate obtained from Vital Statistics with the courts
As soon as practicable following the initial 30 day period, petition to terminate the parental rights of the parent who abandoned the child at the safe haven and any unknown parent
COURT
If there is no record that a parent has filed a claim of parental rights to the child
If a claim of parental rights is made before an order terminating parental rights is entered by the court.
Orders termination of parental rights and frees the child for adoption
Notice of hearing to terminate parental rights is given to parents claiming maternity/paternity
Action to terminate parental rights is held in abeyance not to exceed 60 days unless otherwise ordered by the court
Conduct an assessment pursuant to section 16-2008 Idaho Code
Order genetic testing to establish maternity or paternity
Guardian ad litem may be appointed
Shelter care hearing
Further proceedings conducted as the court determines
Page 2 of 2

G. Appendix C: Comprehensive Assessment Standards

STANDARD: IMMEDIATE SAFETY, COMPREHENSIVE, AND ONGOING ASSESSMENT

PURPOSE

The purpose of this standard is to provide direction and guidance to the Children and Family Services (CFS) programs regarding Immediate Safety Assessment, Comprehensive Risk Assessment, Reassessment, and ongoing assessment services. This standard is intended to achieve statewide consistency in the development and application of CFS core services and will be implemented in the context of all-applicable laws, rules and policies. The standards will also provide a measurement for program accountability.

INTRODUCTION

Although safety is a central concern of child protection services and foster care practice, considerable confusion exits throughout child welfare practice as to when a child is safe or unsafe. The terms safety and risk are often used interchangeably. However safety and risk are not the same. All child protection referrals assigned a priority response are assessed for safety. A comprehensive assessment of risk may follow. Safety assessment is an analysis of the threats of serious harm, the parent/caregiver's protective capacities, and the child's vulnerability. The immediate safety assessment process should involve the family's own perceptions and other significant case circumstances that may impact family functioning. The analysis of immediate safety helps evaluate the likelihood that a child may be in present danger.

A Comprehensive Assessment is a more thorough analysis of safety and risk that helps evaluate the likelihood that a child may be abused or maltreated in the future. It guides the service plan to focus directly on the problem areas that cause a child to be unsafe and/or which contribute to future risk of abuse/neglect. The assessment driven service plan also establishes essential child well-being needs. Additionally, it establishes a baseline of risk. Reviewing previous risk assessments allows social workers to assess change over time and assists CFS staff in communicating their decision making to others. The Immediate Safety Assessment, Comprehensive Assessment, and Reassessment instruments are designed to document a social worker's observations, interviews, findings and guide them in making critical case decisions.

This standard will assist CFS staff in differentiating safety from risk, safety plans from service plans, and understand the purpose and process for using each of the instruments.

STANDARD

Assessment of safety is to be completed timely according to the Department’s Priority Response Guidelines and Department administrative rule. Every effort should be made to engage the family and involve them in all stages of the assessment process. In conducting assessments, a family-centered approach should be used. This means that at all times, CFS staff should treat

family members with respect, reinforce strengths of each member of the family and the family as a whole, focus attention on the needs of all family members, and listen to each family member's description of their circumstances and their needs. Consistent with a family-centered approach, families should be encouraged to identify solutions as well as natural supports in their environment.

Definitions:

Comprehensive Assessment: an assessment of safety, permanency, and well-being, using the Department's Comprehensive Assessment tool. It assists the social worker/clinician in understanding family connections, capacities, social adjustments, strengths, and history that affect a family's ability to resolve the concerns that led to their involvement with CFS. The focus of the Comprehensive Assessment is a review of child safety as well as longer term risk. It should be completed within thirty (30) days of a referral of child abuse or neglect if the immediate safety assessment indicates the need for intervention and/or services. The Comprehensive Assessment provides a basis for re-assessing child safety, including the nature of any active safety threats, determining risk over time, identifying family strengths and capabilities, evaluating underlying conditions and contributing factors that lead to maltreatment, assessing parental capacity to protect, and identifying service needs to be included in the service plan.

Contributing factors: social problems or conditions such as substance abuse, domestic violence, mental illness and unemployment that can increase the likelihood of child maltreatment or its severity, but may not be directly causal to them.

Danger: the likelihood of serious harm precipitated by one or more currently active safety threats and/or arising from insufficient parent/caregiver protective capacities.

Emerging Danger: the likelihood of serious harm that is not immediate, but safety threats are starting to surface or escalating in intensity, pervasiveness, duration and/or frequency and/or parent/caregiver capacities are weakening or unknown. Emerging danger is often seen as "red flags."

Present Danger: the likelihood of immediate and serious harm to a vulnerable child precipitated by one or more safety threats and/or missing or insufficient parent/caregiver protective capacities.

Signs of Danger: observable indicators of danger. Seventeen signs of danger appear as factors on Idaho's Immediate Safety Assessment instrument.

Immediate Safety Assessment: an examination of present and emerging danger, using the Department's Immediate Safety Assessment tool. The assessment should be completed no later than five (5) working days after first seeing the child. It is used to guide and document decision making related to child safety and formulate a child safety plan (when needed).

Ongoing Assessment: an ongoing formulation process conducted by the social worker throughout the life of a case. Working with families is a constantly changing process that calls for frequent and flexible decision-making as new information becomes available. Each time a social worker/clinician meets with a family or child, he/she is gathering and evaluating information to determine the child's current safety and the family's progress in enhancing their protective capacities and/or reducing safety threats. Assessment begins with the first contact with a family and does not end until a case is closed.

Reassessment: a re-examination of safety and risk at a point in time after the Comprehensive Assessment, using the Department's Reassessment tool. Reassessment is to be completed by the social worker/clinician at key decision points in a case to guide and document case decisions. The reassessment tool shall be completed prior to reunification, termination of parental rights, and case closure. Social workers and clinicians shall also use the reassessment tool to assess a family's progress when there have been significant changes in the family's circumstances or dynamics.

Risk: the likelihood of harm to a child in the future. Although risk of future harm or the level of future harm cannot be totally predicted, study and experience have provided identifiable risk factors that are present in situations where children have been abused or neglected. Risk factors can be chronic or exist when certain situations reoccur, such as a parent's relapse into drug or alcohol abuse. Risk factors appear on the Comprehensive Assessment Instrument.

Risk Finding: the level of risk at the time the risk of harm to the child is assessed, prior to interventions from CFS or family members.

Safety: a child has, or is likely in the near future, to be seriously harmed. The four aspects that contribute to child safety are immediacy, threats of serious harm, vulnerability of the child, and protective capacities of the parent/caregiver.

(1) Immediacy: a time period related to the safety of an individual, at that moment or in the very near future, if an intervention is not put into place;

(2) Threats of Serious Harm: the degree of harm that could mean a threat to the child's health or life, impairment to his/her physical well-being, or severe developmental impairment or disfigurement if there is no intervention.

(3) Vulnerability of the Child(ren): the degree to which a child can avoid, negate or modify the impact of safety threats or compensate for a parent/caregiver's lack of protective capacities. The following should be considered in assessing a child's vulnerability:

- The child's ability to protect him/herself, including the child's age and ability to communicate;
- The likely severity of harm, given the child's developmental level;
- Visibility of the child to others/child's access to individuals who can and will protect the child;

- Family composition and the child's role in the family;
- The child's physical and emotional health/social functioning;
- The child's physical size and robustness;
- The child's understanding of appropriate treatment (does the child normalize the alleged abuse?);
- Prior victimization of the child; and
- The child's temperament and physical appearance.

Factors that affect the child's ability to self-protect include age, disabilities, ability to communicate, problem-solving skills and capacities, ability to physically resist or escape from potential harm and accessibility to others. A child's provocativeness must also be considered in relation to the caretaker's capacity for patience, tolerance, and coping strategies.

(4) Protective Capacities of the parent(s)/caregiver: family strengths or resources that reduce, control and/or prevent threats of serious harm from occurring or having a negative impact on a child. Protective capacities are strengths that are specifically relevant to child safety. A parent's relationships with others may be a form of protective capacity. Other protective capacities may include:

- Intellectual skills;
- Physical care skills;
- Motivations to protect;
- Positive attachments;
- Parenting skills;
- Social connections; and
- Resources such as income, employment or housing.

A child may also possess some protective capacities that would make the child less vulnerable. For example, an older child may know the circumstances whereby a caregiver's mental health requires outside intervention.

Safety Factors: a set of specific signs of present danger that combine with a child's vulnerability and may directly impact a child's safety status unless offset or mitigated by sufficient protective capacities. Seventeen safety factors, representing signs of danger are found on Idaho's Immediate Safety Assessment instrument.

Safety Threat: acts or conditions that have the capacity to seriously harm a child(ren).

Safe Child: when there are no immediate threats of serious harm present or the protective capacities of the family can manage any identified threats to a child.

Conditionally Safe: When safety issues exist and a safety plan is being implemented to control the threats of serious harm identified at the present time until the safety threat can be resolved or sufficiently diminished.

Unsafe Child: parent/caregiver's actions or inactions present immediate threats of serious harm to a vulnerable child and the family's accessible protective capacities are insufficient to prevent these actions or inactions.

Safety Plan: a specific and concrete strategy for controlling threats of serious harm, or augmenting protective capacities implemented immediately when a family's own protective capacities are not presently sufficient to manage immediate and serious threats of harm.

Underlying Conditions: the needs of the individual family members, perceptions, beliefs, values, feelings, cultural practices and/or previous life experiences that influence the maltreatment dynamics within a family system.

PROCEDURE FOR IMMEDIATE SAFETY ASSESSMENT:

Regional Jurisdiction:

When a Child Protection referral involves the alleged abuse, neglect, or abandonment occurring within the geographic boundaries of one Region and the child is living or physically located in another Region, the Region where the alleged abuse, neglect, or abandonment allegedly occurred will be assigned the referral and is responsible for the completion of the immediate safety assessment. The Region in which the child is physically located may be asked to see the child, interview the child, gather pertinent data, etc. and report back to the Region responsible for completing the safety assessment. When a Region is asked to assist, that Region must comply with required assessment timeframes in responding to the request by the Region with primary responsibility. The primary Region must give the assisting Region as much notice as possible to allow that Region adequate time to respond.

After completion of the safety assessment, it may be most appropriate to transfer the referral or case to the Region in which the child resides or has primary residence.

CFS field program managers from different regions may agree to modify the aforementioned process especially when regional offices are in close proximity with offices in another Region.

Initiation of the Immediate/Safety Assessment:

- A referral is assigned to a social worker/clinician.
  The social worker/clinician reviews the intake information, keeping an open mind that the information in the referral may or may not be accurate.

- The social worker/clinician reviews prior history and other case records for relevant information to determine how the severity and type of current allegations compares to those in prior reports as well as the results of previous safety assessments and interventions.

- If information in the referral does not indicate that the child is in immediate danger and should be seen immediately, the social worker/clinician should obtain any additional information from staff who previously worked with the family.

- If there is information that the family has been involved with child protection in another state, the social worker/clinician should contact the child welfare agency in that state to obtain the prior history.

- The social worker/clinician should re-contact the referring party if they have questions or need additional information about the referral.

Involvement of Law Enforcement

- The social worker/clinician shall involve law enforcement in the safety assessment process according to local multidisciplinary team protocols.

- Law enforcement must be contacted on all referrals prioritized as I and II according to Priority Guidelines. This provides an opportunity for law enforcement to accompany the social worker/clinician or intervene if a family member(s) is part of an on-going criminal investigation. Law enforcement officers may also have knowledge of dangerous home environments that may compromise a worker's safety.

- At all times, safety of the social worker/clinician is a top priority. If there is reason to believe that safety is an issue, the social worker/clinician should contact law enforcement and enlist their help in assessing the safety of the child. If a social worker/clinician discovers the safety issues while he/she is already in the home (such as a meth lab), the social worker/clinician should leave the area as soon as possible, immediately staff the case with his/her supervisor and contact law enforcement.

Seeing the Child(ren)

- A CFS social worker/clinician must have face-to-face contact with all children who are identified as a child of concern in a referral of physical abuse, sexual abuse, or neglect within the timeframes stated in the Priority Response Guidelines. Additionally, the CFS social worker/clinician should speak with the parents/caregivers and visit the family home to assess whether the home environment poses an immediate danger to the children. Whenever possible, the child should be seen and interviewed prior to interviewing the parent/caretaker.

Interviewing the Child(ren)

- The social worker/clinician shall conduct separate interviews with the child(ren) and parent/caregiver to obtain each child's account and explanation of the allegations. A child's school or day care is usually a non-threatening environment for an interview. If the interview with the child(ren) takes place in the family's home, explain to the parent(s) that their child(ren) must be interviewed privately in order to conduct a thorough and objective assessment.

- If access to children suspected of being at risk of child abuse or neglect is denied, the social worker/clinician should leave the residence, confer with their supervisor, and seek remedies such as involving law enforcement or obtaining a court order.

- If a social worker/clinician goes to the child's home to see the child but no adult is present, the social worker/clinician must not enter the residence. The social worker/clinician should talk to the child outside the home or through the door. If very young children are home alone, call law enforcement and wait outside the residence for law enforcement to arrive to assist in obtaining access to the child(ren).

- According to Idaho Code 16-1609B (CPA), "Unless otherwise demonstrated by good cause, all investigative or risk assessment interviews of alleged victims of child abuse will be documented by audio or video taping." The rationale for not taping an interview must be provided in those cases where no recording is made.

- Unless law enforcement declares the child in imminent danger or the parent(s) gives permission and accompanies the child, **do not transport** the child to another location or take custody of the child in any manner.

- The social worker/clinician clinician must consider the possibility that the parent(s) may retaliate against the child who may have divulged information during the interview process. In cases where parents may retaliate, protective measures must be put in place during an immediate safety assessment. For example, the social worker/clinician may need to contact the school the next day and/or see the child again to assess and ensure his/her safety. In some cases, the child may not be safe at home after making a disclosure and efforts must be taken to remove the child(ren) under a declaration of imminent danger by law enforcement.

Interviews With Children Involving Allegations Of Physical Abuse

- Ask the child(ren) if he or she has any physical injuries. If the child has physical injuries, ask the child to explain to you how he/she received them.

- Take pictures of any injuries on areas of a child's body that are normally unclothed. Whenever possible, have another adult present when taking photographs of a child's injuries. Documentation should include who was present at the time the pictures were taken. Although it is permissible to photograph the buttocks of young children, respect should be shown to the child in all cases. Do not photograph "private parts" of latency age or adolescent children. Enlist the assistance of a school nurse or physician to document any injuries. Document a description of the size, shape, type and location of all injuries.

- In the immediate safety assessment process, if it is determined that a child needs to see a doctor due to serious injuries or medical condition, and the child has not been declared in imminent danger, arrange for immediate medical assistance for the child by having the parent/caretaker take the child to a doctor. The CFS worker must either accompany the child for medical treatment or follow-up with the medical provider to assure that the child

received treatment. If the child has been declared in imminent danger, a social worker or resource parent can initiate medical care for the child with a medical consent form signed by a parent. Reasonable efforts must be made to secure a medical consent form from the parent(s) at the time of removal. However, if the child needs emergency treatment and the parent can not be located or refuses to sign for treatment, the needs of the child must come first. A Department representative may sign (a resource parent must not sign) for treatment. In situations where the authorization of emergency medical treatment may be in question, the court may authorize medical or surgical care for a child, according to 16-1616 of the Child Protective Act.

- In many cases, a medical professional's findings concerning the most likely cause of the injury will be needed to confirm whether the injury is consistent with the explanation provided by the caretaker or alleged offender.

- Separately, interview all children in the family who are identified as being at risk of physical or sexual abuse. Interviews with siblings can be extremely helpful in gathering more information regarding family functioning and collaborating or refuting the information provided by the child of concern.

Interviews With Children Involving Allegations of Sexual Abuse

- Social worker/clinician should collaborate forensic interviews with law enforcement according to local multidisciplinary protocols.

- Since physical evidence is not always present in cases of sexual abuse, a forensic interview is often the foundation of the case. Therefore, child sexual abuse interviews should be conducted by a person who has been trained to ask questions objectively to determine the child's safety while preserving evidence for potential criminal charges. It is important to interview the child separately from the parent/caregiver and other siblings. Make certain the interview with the child is recorded.

- If a child discloses that he/she has been sexually abused within the last 48 hours, contact law enforcement and/or the prosecutor to determine if the child should be seen by a medical professional to gather physical evidence. The interview may also contain information that would prompt law enforcement to seek a search warrant.

- A child protection social worker/clinician may interview the alleged offender in cases of physical abuse or neglect.

- In cases of sexual abuse, the interview with the alleged offender should be conducted by law enforcement or personnel from a specialized interview unit such as CARES. It is important for the social worker/clinician to coordinate the sexual abuse assessment with law enforcement and/or specialized interview personnel.

Interviews With Children Involving Allegations Of Neglect

- Idaho's Child Protective Act states that interviews of "alleged victims of child abuse will be documented by audio or video taping." While the statute does not mandate a taped

interview with other children in the home who may or may not be potential victims, it is important to see and talk with all children in the home who are identified as being at risk, to assess their safety and allow them to disclose any concerns they may have. All children should be interviewed separately from their parent/caregivers.

Home Visit

- Using a family-centered, objective, respectful, nonjudgmental approach, the social worker/clinician should contact the parent/caregiver as soon as possible after seeing the child of concern. If the contact must be made with the parent at his/her work, protect the family's confidentiality by identifying yourself only to the parent. If a receptionist asks who is calling, give your name and state you are calling about the employee's child. Give as little information as necessary to anyone except the child's parent.

- Upon the first contact with the family, federal and state rules mandate that the social worker/clinician explain the purpose and nature of the assessment, including the allegations or concerns that have been made regarding the child/family. The explanation should include the general nature of the referral rather than specific details that could supply information to the alleged offender and impede any criminal investigation. If a criminal investigation is pending, disclosure of any details should be coordinated with law enforcement.

For example, *"I am here today because someone reported concerns regarding bruises on Johnny"* ***or*** *"I am here today because someone reported that Johnny is being left, unsupervised"* ***or*** *"I am here today because there are concerns that Johnny may have been sexually abused."* No further details need be supplied.

- During the course of the assessment, the name of the person making the referral must not be divulged.

- During the initial contact the social worker/clinician assigned the referral shall give the family their name, work phone number and the name of their supervisor

- To maintain confidentiality, **business cards or notes must not be left on the door** of a residence unless they are secured in an envelope, addressed to the parent(s). Do not use an envelope with the IDHW return address.

Interviews With Parents, Caregivers, and Alleged Offenders

- An interview, by the social worker/clinician, of the child's immediate family is mandatory. In referrals involving physical abuse or lack of supervision, each parent/caregiver or alleged offender (except in cases of severe abuse where law enforcement is taking the lead in the investigation) is to be interviewed separately. Interviews should gather the family's perspective on the allegations, including where they were at the time of the alleged incident, their explanation of the incident and allegations, identification of others who might have been present at the time of the alleged incident and anyone else with knowledge about the allegations, and whether the information provided is consistent with the child's account and assessment of the child's condition.

- In allegations of child sexual abuse, the social worker/clinician will interview the non-offending spouse/caregiver unless otherwise directed by law enforcement.

- In allegations of child sexual abuse, law enforcement will conduct the interview with the alleged perpetrator.

- In referrals alleging unhealthy or unsanitary home environments, parent/caregivers are not always interviewed separately. However, professional discretion should be used and parent/caregivers should be interviewed separately if there is reason to believe issues such as domestic violence may be present.

Home Environment

- On referrals alleging neglect or unsafe home conditions, the social worker/clinician shall visit/view all rooms in the home to determine if the environment poses a threat of harm to the child(ren). Some regions may use qualified contracted resources to assist in evaluating the home environment.

The social worker/clinician must assess the following:

  - Utilities are turned on and functioning;
  - Adequate and functioning plumbing;
  - Adequate supply of food;
  - Adequate sleeping arrangements;
  - Unsanitary conditions such as rotting food or feces, drugs, caustic cleaning supplies or hypodermic needles within a child's reach;
  - Firearms which may be within the reach of young children;
  - Exposed electrical wires;
  - Leaking gas;
  - Broken windows or glass;
  - Peeling paint;
  - Fire hazards such as cardboard boxes or other flammable materials next to a furnace; and
  - Presence of functioning smoke alarms.

- The social worker/clinician must determine whether the parent/caregiver is aware of any potential safety hazards, assess the parent/caregiver's motivation and efforts to address any unsafe home conditions, and assess resources or lack of resources that may affect the home condition.

Interviews with Collateral Contacts

- Any assessment of an abuse or neglect report will include at least one collateral interview with a person who is familiar with the circumstances of the child or children involved and who has knowledge of the family's functioning. Collateral interviews will be conducted with discretion and preferably with the parent's permission. Collateral contacts may include relatives, neighbors, family friends, doctors, school personnel, day care providers, service providers or others who may clarify and supplement information about the child's

condition and family functioning. A collateral contact should be an individual who is not the referent of the child protection concern. Although law enforcement officers may provide important information regarding the family's criminal history, any criminal history should be considered a safety assessment factor rather than a collateral contact. Collateral contacts may be made through phone calls, face-to-face interviews, and through written correspondence. Information from collateral contacts should include a description of how long each collateral contact has known the child and/or family, their assessment of the child's behavior and well-being, family functioning, and the family's interaction with the child. If the collateral contact is aware of the allegations involving abuse or neglect, ask the collateral contact for their understanding and explanation of the incident or allegations.

Use of the Immediate Safety/Risk Assessment to Document Observations, Interviews and Decision- Making

- The findings of the safety assessment will be documented on the"Immediate Safety Assessment" tool within five (5) working days after first seeing the child. The assessment will include all children in the family whose safety may be in jeopardy. Each safety factor is answered for the child(ren) who is the alleged victim (child of concern) or, any other child in the family where the specific factor relates to their immediate safety. If a referent does not specifically name all the children in the family, but other children's safety needs to be evaluated, those children too must be considered in the safety assessment.

For example: A school teacher reports that an 8 year old child has bruises on his face and arms that were allegedly inflicted by his mom who often appears out of control. When the social worker/clinician visits the home he/she also sees a 4 year old and a 2 year old who could be at risk of physical abuse. Vulnerability of each child should be considered so the factors should be answered for all three children.

However, the instructions on the immediate safety assessment do not mean that all children in the family are included in the assessment process in every instance. There are times a home environment or lack of supervision would necessitate a safety assessment for a two year old, but not a 17 year old. Professional judgment is required in deciding how many children in the family require an immediate safety assessment.

Immediate Safety Assessment Summary

The purpose of the immediate safety assessment summary is to provide a brief synopsis of what has occurred in the case to this point in time. The summary is not intended to include all case narratives. The following are guidelines for preparing the summary:

- **First paragraph**: A summary of the concerns reported in the initial referral.

- **Second paragraph:** A summary and process of what the social worker/clinician did to address the concerns and how the safety concern was reduced or eliminated.

The Part A summary and narratives addressing the safety assessment factors should be written in complete sentences and organized in a sequence to demonstrate what happened during the safety assessment process.

Immediate Safety Factors

- The immediate safety factors are assessed based upon the information that is available when the immediate safety assessment is being completed. A social worker/clinician is not expected to have the depth of information he/she would have after completing Part B of the Comprehensive Assessment. The purpose of the immediate safety assessment is to guide decision making and provide a written record of any decisions made; i.e. children are safe right now and will remain safe in the immediate future.

- The social worker/clinician shall identify each of the 18 factors on the assessment by checking “yes” when the information currently available indicates a clear presence of the immediate safety factor, “no” when the information currently available does not indicate presence of the immediate safety factor, or “inconclusive” when the information currently available is insufficient or contradictory. If a social worker/clinician finds it necessary to respond to several safety factors with the response choice of “inconclusive,” this indicates the need for further assessment. This may occur when family members or collateral contacts will not share information, are avoiding the social worker/clinician, the family appears to be hiding information or intentionally misleading the social worker/clinician. If a social worker/clinician does all he/she can to gather information and the result is still “inconclusive,” these uncertain responses may increase the likelihood that one or more of the children are at immediate danger of serious harm.

- If a factor is checked “yes” or “inconclusive,” the social worker/clinician should provide a nonjudgmental, behaviorally specific narrative that supports that finding. If a behavior or condition applies to two factors, fully document the information on the first factor, check the second factor “yes” and type in “see explanation under Factor # __.”

- The social worker/clinician shall record "no" when there is no clear presence or cause for concern, based on the information available, that an incident or condition covered by this factor has or is occurring. For example, a parent shows no indication of being "out of control" and comments from collateral contacts do not indicate this factor is an issue. It is not necessary to enter narrative for factors checked "no", however, narrative can be provided if it furnishes additional clarification.

- When assessing the presence or absence of these factors, the social worker/clinician shall consider how recently the behavior or condition was demonstrated. For example, ask yourself whether the safety factor is present now, will likely occur in the immediate future or has occurred in the recent past. Use this time criterion unless the factor is specifically related to historical events.

Child Characteristics

Document the following for each child identified as being at risk of serious harm or emerging danger:

Vulnerability/Lack of Self-Protection Skills/Special Needs

- Consider the age of the child(ren), noting that children 6 years of age or younger are generally most vulnerable.
- Assess the child's exposure to community oversight (e.g. school, day care)
- Determine any special needs that may make the child more vulnerable. Consider such characteristics as medical conditions, mobility, vision, intellectual functioning, mental health, and developmental delays.

Behavior Problems/ Emotional Temperament

- Identify behaviors, personality traits or family roles that the may precipitate or provoke abusive or neglectful reactions by parents/caregivers or other household members.
- Identify child behaviors that are disruptive, dangerous, or abusive toward others.

Previously been placed outside the home

- Document whether any child has previously been placed (prior to this particular referral) out-of-home, either via a relative (kinship) placement, an informal placement, or the child has been removed from their parent's custody through legal actions.

Safety Decision

- Based on the assessment of the immediate safety factors and any other key information known about the case, the social worker/clinician shall determine whether the child is safe, conditionally safe, or unsafe. This decision is made by weighing the short term danger posed by the safety factors, and a child's vulnerability, offset by any relevant protective capacities or mitigating circumstances. The social worker/clinician may find that different safety decisions apply to different children in the family; (i.e. young children vs. older children).

Safety Plan

- A safety plan is not expected to provide rehabilitation or to permanently change behaviors or conditions that led or may lead to maltreatment. Those safety threats are addressed in the service plan. The purpose of the safety plan is to control those behaviors or conditions that pose a present danger to any child and to supplement insufficient protective capacities to protect the child at the present time.

- An effective safety plan will serve to immediately protect the child while a more complete assessment is undertaken and a service plan to resolve or diminish all active safety threats is established and implemented.

  "Safe" – A child is considered to be safe when an assessment of available information leads to the conclusion that there are no immediate threats of serious harm present or the protective capacities of the family can manage any identified threats to a child at this time.

"Conditionally Safe" – Safety issues exist and a safety plan is being implemented to resolve the threats of serious harm identified at the present time until the safety threat can be resolved or sufficiently diminished. For example,
a child is considered conditionally safe in a dangerously unsanitary house where the family has a plan to clean the house and the children can stay with a relative until the unsanitary conditions no longer exist.

"Unsafe" – A child is considered "unsafe" if he/she is in imminent danger and thus requires removal from the parent/caretaker to protect him/her from immediate and serious harm. The parent/caretaker's actions or inactions present immediate threats of serious harm to a vulnerable child and an in-home plan can not be developed or is insufficient to control the present danger.

- In all instances where a child is considered "conditionally safe" or "unsafe," a safety plan must be developed to document what the family, the social worker/clinician, and others have done or will do to ensure the child's safety.

- A safety plan for the family is to be developed with involvement from the family. Family group decision making meetings can be helpful in identifying strengths, protective capacities, family resources, and solutions that can assist in crafting the safety plan.

- Safety plans will incorporate the least restrictive alternative for protecting the child. The social worker/clinician will make every effort to engage the family and make reasonable efforts to prevent placement of the child outside the home. All reasonable efforts to engage the family, and the family's response, will be documented on the assessment.

- If a child can be made "conditionally safe," the safety plan will identify specifically how the involved parties will control the signs of present danger. The plan must include how the plan will be monitored and must take into consideration the parents' willingness and ability to follow through with the plan. A contingency plan should also be discussed in the event the primary safety plan proves to be unviable.

- The social worker/clinician shall make certain everyone involved understands the safety plan and their respective responsibilities. After the safety plan is developed, it must be implemented immediately to provide adequate protection to the child(ren). The safety plan is only as effective as the completion of all the tasks necessary to make sure the child is protected.

Determining Whether a Case Should Be Opened For Services

If the child is found to be "safe" the case does not have to be opened for services. The referral will be dispositioned and the presenting issue can be closed with supervisory approval.

- If the child is "conditionally safe", a safety plan shall be developed and a Comprehensive Assessment (Part B) completed.

- If any child is assessed to be "unsafe," the standard for "imminent danger" has been met and out-of-home placement is necessary. A Comprehensive Assessment (Part B) will be completed and the case must remain open pending court and/or criminal disposition.

- If no child appears to be in immediate danger of serious harm and a safety plan is not needed, but the safety assessment identified emerging or prospective danger concerns or insufficient information to assess child safety, a Comprehensive Assessment (Part B) will be completed.

- When safety factors, the child(ren)'s vulnerability, and/or parental protective capacities indicate a child may be maltreated in the near future but the safety concerns do not meet the standard of "imminent danger," efforts should be made to engage the family and services should be offered according to the CFS Standard for Family Preservation In-Home Cases.

Determining when the Safety Plan is Discontinued

A safety plan is maintained as long as the family's own protective capacities are assessed to be insufficient to protect their child from serious harm without CFS involvement. Once the family can assure the safety of their own child, a safety plan can be discontinued. The purpose of a safety plan is to prevent serious harm to a child caused by an active safety threat. The purpose of the service plan is to resolve or diminish the safety threat to the degree that safety responsibility is returned to the family. Once this progress has been completed, the safety plan should be formally discontinued. This may be appropriate even in circumstances where other future risk and/or child well-being needs still exist. In that circumstance, the safety plan is discontinued, but a revised service plan may still be necessary. The timeframes for safety plan completion cannot be predicted. However, it is child centered and family focused best practice to review the child's vulnerability, the parental or caregiver's progress made to reduce safety threats, and the enhancement of parental protective capacities throughout the life of the case so the child is always protected in the safest, yet least restrictive manner possible.

Conducting a Comprehensive Assessment Part B

A comprehensive assessment usually requires more than one visit to the home because the assessment addresses the nature of the safety threat and the broader needs of a family that are impacting the safety, permanence, and well-being of the child(ren). The focus of a Comprehensive Assessment is not simply on the presenting issues, but also on the contributing factors such as domestic violence, substance abuse, mental health, poverty and other potential factors which may contribute to child maltreatment. Also important is the identification of underlying conditions that influence the dynamics of child maltreatment within a family system. These conditions may include the needs of individual family members, perceptions, beliefs, values, feelings, cultural practices, and previous life experiences. The Comprehensive Assessment also includes identifying family strengths and protective capacities that can support the family's ability to meet its needs and protect its children.

The purpose of the Comprehensive Assessment is to identify the family needs that will impact the safety, permanence, and well-being of the child. These needs, identified in the

Comprehensive Assessment, should be reflected in case planning and decision-making and lead directly to the identification of the specific individualized services that are needed to resolve present safety threats and reduce the risk of child remaltreatment.

Using the Comprehensive Assessment "Part B" to Document Observations, Interviews, and Decision Making

- When conducting the Comprehensive Assessment, the social worker/clinician shall look at the specific factors identified as being problematic and contributing to the likelihood of child maltreatment.

- The social worker/clinician shall answer factors (yes/no) based on behaviors, interactions, or circumstances that were present before an intervention or placement, and/or which are based on recent parent-child visitations or any other opportunities to accurately assess current functioning.

- For cases with multiple children or parents/caregivers, each person's name should be entered in the spaces provided and each assessment factor should be determined for each individual.

- The comprehensive assessment is used to guide and document the following decisions:
    - What needs to happen over time to reduce and/or eliminate the threats of serious harm, future risks, and meet the child's permanency and well-being needs?
    - Which are the contributing factors and underlying conditions that need to be addressed to accomplish this?
    - How can information about particular factors for a given family help in designing a service plan?
    - How much resolution of safety threats is needed and over what period of time before the child is considered safe?
    - If children are removed from home - when, where, how frequently and for how long should contact between the children and parent occur?
    -

Case Risk Findings

The case risk finding reflects the likelihood of future child maltreatment.

- The "risk finding" is the level of risk at the time the Comprehensive Assessment is completed. It represents the level of risk if CFS were to discontinue involvement with the family. The "risk finding" helps to focus the interventions/services on reduction/remediation of the particular safety threats and/or other risks that endanger the child(ren) and provides a baseline to compare change in the level of risk over time.

- The case "risk finding" requires the professional judgment of the social worker/clinician in consultation with his/her supervisor about the overall level of risk based on a synthesis of all safety and risk information and an analysis of those findings.

Dispositioning the Referral

Within five (5) days following completion of the Immediate Safety Assessment or the Comprehensive Assessment, the social worker/clinician will determine whether a report is substantiated or unsubstantiated for child abuse or neglect. The validity of reports will be determined using the following definitions with consideration given to the age of the child, extenuating circumstances, prior history, parental attitude toward discipline, and severity of abuse or neglect (IDAPA 16.06.01.560). In assigning a substantiated disposition, the social worker/clinician should ultimately consider,
"Is the injury or situation a result of child abuse or neglect?"

Substantiated Reports

Child abuse and neglect reports are confirmed by one (1) or more of the following:

- Witnessed by a social worker/clinician **(i.e. child found on the canal bank)**
- Determined or evaluated by a court;
- A confession (i.e. parent indicates that they are responsible for the injury to or neglect of the child);
- Validated through the presence of significant evidence that establishes a clear factual foundation for the determination of "substantiated." Example: Injuries consistent with abuse and alleged perpetrator was the only person with the child at the time the child sustained the injuries).

Unsubstantiated Report

Child abuse and neglect reports that cannot be found substantiated due to:

- Insufficient evidence; or
- Facts indicate that the report is erroneous or otherwise unfounded.

The social worker/clinician will generate a letter from FOCUS, signed by his/her supervisor, to be sent to the alleged perpetrator of a substantiated child abuse/neglect referral. When a substantiated disposition is entered in FOCUS, the individual's name is automatically entered into the Department's Central Registry for Child Abuse and Neglect.
If it is determined through the Immediate Safety or Comprehensive Assessment that a report is "unsubstantiated," the family will also be advised (IDAPA 16.066.01.563) and the family's name will not be placed on the Child Abuse Central Registry.

Notify the Referent When the Immediate/Safety and Comprehensive Risk Assessment are Complete

According to IDAPA 16.16.01.559.06, the referent (person who made the report) will be notified when the assessment has been completed. Notification should protect the confidentiality of the family and will not include details regarding the assessment or disposition of the referral. Notification can be made by letter. (A sample letter is attached as an addendum to this standard).

Conducting a Re-Assessment

- A re-assessment will be conducted in all cases in which a social worker/clinician is deciding whether to reunify children or close a case that has been opened for services. The re-assessment can often be effectively completed in the context of a family meeting or family conference.

- A re-assessment may also be completed to assist in decision making around termination of parental rights or to gauge the progress or lack of progress in a case over time. It should also be completed if there are any significant changes in the family's situation or circumstances.

- The results of the re-assessment should be compared with previous immediate safety and comprehensive assessments to assess the family's progress toward protecting and meeting the child's needs. It will indicate whether the family's situation has improved, worsened, or has remained the same.

Using the Re-Assessment Instrument to Document Observations, Interviews and Decision Making

- A social worker/clinician should clearly indicate the reason he/she is reassessing the family. For reunification and case closures, simply check the appropriate box in the "completed for assessment" section. When reassessing for any other reason, check the "other significant events" and provide an explanation for the reassessment in the "Rationale for Risk Findings and Case Status" section.

- The reassessment should reflect only information gathered since the last assessment of the family. It should not repeat information recorded on any previous assessments.

- Historic Immediate/Comprehensive Factors are those relating to prior events that would not be expected to improve or are unchangeable. These factors are grouped together under Section 2. If no new information has been discovered that would change the earlier rating, the historic factors do not require a new rating. If no new information has been discovered on any of the factors since any prior assessments, simply check the "no" box in the section header and skip the section. If your current assessment of any historic factors has changed, check "yes" and note the new information under the relevant factor(s).

Decisions in the re-assessment process include:

- Has progress been made towards reducing the safety threat and the underlying factors contributing to maltreatment? If not, are the safety threats increasing and/or do other interventions need to be made? If progress is being made, can some interventions be eliminated or reduced in intensity without increasing the threat of serious harm to the child?
- Has the parent/caregiver made significant changes that have increased his/her protective capacities?
- Was emerging danger identified in the previous assessment and if so, is this danger still present?
- Under what conditions is it safe to reunify the child(ren) with their family?
- When is it safe to close a case?

Documentation

- When recording a description of a particular assessment factor, use specific examples, whenever possible, and avoid judgmental statements and generalizations. The information should be both informative and serve to justify the assessment factor response or rating. All documentation should provide specific detail that is described in objective behavioral terms.

Example: Item 12. Caregiver or alleged offender's alleged or observed drug or alcohol use may seriously affect his/her ability to supervise, protect or care for the child. Mrs. Palmer indicates that she has used Vicodin since a car accident 8 years ago. She is currently taking 15-20 tablets per day. She has 4 different physicians who prescribe Vicodin for her and she also purchases Vicodin off the Internet. Her husband left a month ago. There is no food in the house, the children haven't bathed or washed their hair for 10 days, and the children haven't been to school for a week. Mrs. Palmer appears intoxicated and is unable to focus long enough to answer any questions.

- All fields and factors on the Immediate Safety/Risk Assessment should be documented in FOCUS according to the criteria set forth in this standard and within the required time frames.

SPECIAL CIRCUMSTANCES

Court Ordered Child Protection Risk Assessment

During the course of a court hearing involving issues other than child protection; i.e. child custody, the court may order the Department to investigate/assess the circumstances of a child and his/her family and submit a report to the court. Upon being assigned an order for a child protective assessment, the social worker or clinician will respond according to the urgency defined in the Court's order, and initiate the assessment process. The assessment should be documented on the Immediate Safety/Risk and Comprehensive Assessment instruments within thirty (30) days unless the court has specified a shorter time frame. Upon completion, a written report or the assessment tools with a cover sheet should be filed with the court.

Rule 16. Expanding a Juvenile Corrections Act proceeding to a Child Protective Act Proceeding (Juvenile Correction Act)

If at any stage of a Juvenile Correction Act proceeding, the court has reasonable cause to believe that a juvenile living or found within the state is neglected, abused, abandoned, homeless, or whose parent(s) or other legal custodian fails or is unable to provide a stable home environment, as set forth in I.C. Section 16-1603, the court may order the proceeding expanded to a proceeding under the Child Protective Act or direct the Department of Health and Welfare to investigate the circumstances of the juvenile and his or her family and report to the court as provided in I.C. 16-1609. Any order expanding the proceeding to a CPA proceeding must be in writing and contain the factual basis found by the court to support its order. The order will direct that copies of all court documents, studies, reports, evaluations, and other records in the court files, probation files and juvenile correction files relating to the juvenile/child be made available to IDHW upon request. The Immediate Safety Assessment and Comprehensive Assessment should be used to conduct the assessment. Prompt initiation of the assessment process may assist in identifying a safety plan that could offer alternatives to foster care.

Safe Haven Referrals

An Immediate Safety and Comprehensive assessment should not be conducted nor a disposition made when a parent relinquishes their infant within the first thirty (30) days following birth according to the Safe Haven Act, Section 39.8102 Idaho Code. However, a judge may order a child protection assessment if a parent comes forth to reclaim the child.

Infants Who Are Born Drug Exposed

The Department will assess the immediate safety of the infant and the family's ability to care for the needs of the infant. Response should be an assessment process that will identify and address the threats of serious harm by creating a safety plan with the family, making appropriate referrals, and assessing the health and safety of the child.

New Presenting Issues on the Same Family

Presenting issues that are reported by different referents, within close time frames of each other (one week) and contain identical referral information, will be combined with the original presenting issue. The new referral will be documented as information and referral and will state that the concerns are being addressed in "presenting issue number ___". Verification must be made with the social worker/clinician assigned to the case so that the information in the new referral was or will be assessed when he/she has seen the child, the parent/caregiver, and the home.

If a subsequent presenting issue contains new information, not originally recorded in the existing presenting issue, a new presenting issue will be entered into FOCUS and the social worker/clinician must respond according to the Department's Priority Response Guidelines.

All new presenting issues that contain new information require an Immediate Safety Assessment. Although an Immediate Safety Assessment should be completed for each new presenting issue, multiple presenting issues can be included in the Comprehensive Assessment if the presenting issues fall within thirty days of the Comprehensive Assessment.

Unable To Locate A Family

Diligent efforts must be made to locate a family. Those efforts include the following:

- Recontacting the referral source to verify the address;
- Contacting the family after regular office hours either by a contact from the assigned social worker/clinician or through the assistance of an on-call social worker or clinician; and
- Checking with landlords and/or neighbors, known relatives, utility companies, a family's self reliance specialist, local schools and law enforcement for a current address or any information as to the family's whereabouts.

If a family cannot be located, the case must be reviewed by the worker's supervisor prior to closing the presenting issue. If the family and/or child cannot be located, click on the "unable to contact" indicator on the Presenting Issue program screen in FOCUS.

NOTE: When you click on the "unable to contact" indicator, you will no longer have the option of conducting an Immediate Safety or Comprehensive Assessment in FOCUS.

The supervisor will determine when the presenting issue can be closed. If the "unable to contact" indicator is checked, with agreement from the supervisor, the presenting issue can be dispositioned as "unsubstantiated, insufficient evidence" and closed.

Inability to Follow Standards or Rules Related to Assessment

If circumstances exist that do not allow a social worker/clinician to follow the standards or rules pertaining to any aspect of assessment, including response timeliness, the worker shall contact their supervisor before a deadline has passed and request a supervisor's variance. The reason for the variance must be documented in a narrative in FOCUS by either the social worker or the supervisor.

For example, in a high profile criminal investigation, law enforcement may take the lead and instruct CFS not to respond. If the variance pertains to adherence to the Priority Response Guidelines and the date the child is seen, the reason for not seeing the child within the response time lines should be entered under the variance button under the immediate safety assessment screen.

Variances. A child may not be seen within designated response times. The rationale behind the delay must be thoroughly documented and reviewed (approved in FOCUS) by the supervisor. Circumstances that might warrant a variance include:

- Geographical constraints;
- Weather hazard;
- Good practice decision or professional judgment (be specific);
- Law enforcement has already sheltered the child;
- Worker safety;
- Child has left the area temporarily or permanently;
- Unable to locate, given diligent efforts;
- Other

Other variances related to immediate safety assessment should be documented under the assessment narrative (including an explanation for the variance) if the variance is related to a rule or standard and occurs during the timeframes of the assessment.

Variances are not to be granted after the fact to explain why something did or did not occur in accordance with rules or standards. Neither are variances to be written or approved to excuse social workers from adhering to practice expectations because of capacity or case load size.

Forty-Eight Hour Supervisory Review

In all Priority I and II cases where the alleged victim of abuse, neglect or abandonment is six years old or under, a review of the case by a supervisor will be conducted within forty-eight (48) hours of initiation of the Immediate Safety Assessment. The purpose of the review is to ensure the child was seen, gain an understanding of the safety factors, and consider options for the safety decision and planning if the child is found to be "conditionally safe" or "unsafe." The

supervisor will sign off on the 48 hour review in FOCUS. A brief narrative, documented by the social worker/clinician or the supervisor shall accompany the supervisor's signature to document whether the child is safe and that the supervisor concurs with the proposed safety plan.

Role of Supervisors in Safety/Risk Assessment

The supervisory review represents the supervisor's participation in the decision-making process and his/her acknowledgment that the decisions and assessment documentation meets supervisory expectations and CFS practice standards.

Supervisors are required to monitor the following criteria in reviewing the Immediate Safety, Comprehensive, and Reassessment instruments:

- Was the assessment completed in a timely manner?
- Does the assessment provide a thorough description of the family's situation so it can be used to support decision making in the case?
- Were CFS standards, policies, and rules adhered to regarding the assessment process?
- Was the assessment documented in FOCUS, using the best practice standard for documentation?

Any variance to these standards will be documented and approved by Division administration, unless otherwise noted.

H. Appendix D: Family Preservation Standards

STANDARD: FAMILY PRESERVATION -- IN-HOME FAMILY SERVICES

PURPOSE

The purpose of these standards is to provide direction and guidance to the Child and Family Services (CFS) programs regarding family preservation in-home family services. These standards are intended to achieve statewide consistency in the development and application of CFS core services and shall be implemented in the context of all-applicable laws, rules, and policies. The standards will also provide a measurement for program accountability.

INTRODUCTION

Whenever possible, children should remain with their family. The purpose of family preservation services is to prevent the removal or eliminate the need to remove children from their homes. Efforts to prevent removal are to be pursued *only* when they are consistent with the child's safety. The goals of family preservation services are:

(1) Resolve the immediate crisis;
(2) Maintain the safety of children in their own homes;
(3) Help families obtain services that meet their multiple needs in a culturally appropriate manner and prevent unnecessary out-of-home placement.

Services to in-home cases may represent "reasonable efforts" by the Department to preserve families, prevent placement into alternate care, and promote family unity while taking measures to safeguard children from abuse or neglect.

"Reasonable efforts" to prevent removal of children from their families are required under Title IV-E and have lead to (1) an overall decrease in the numbers of placements (2) more goal-oriented planning for children and families, (3) a greater emphasis on family decision making, and (4) a reduction in the amount of time children spend in care.

Family Preservation In-Home Services may also be used in reunification cases, and with resource families. Details regarding these specific uses will be detailed further in the Standard.

STANDARD

A social worker will conduct a risk assessment on each priority I, II, or III referral which is received. When the risk level is determined to be **moderate to high** and the child can be kept **safe at home**, a case will be opened and the family will receive services which allow the child to remain at home **without removal**. Services are to address the identified risk issues.

DEFINITIONS

Family Preservation In-Home Family Services: A referral involving a family who is the subject of a report of child abuse or neglect that is opened for services, after a risk assessment has been completed, to prevent the removal of a child from their home.

Any activities regarding safety planning, including referral to other services or case management activities, delivered prior to completion of the Comprehensive Risk Assessment and a Case Plan are considered part of the risk assessment process.

PROCEDURES and accompanying flowchart:

(1) All referrals given a Priority I, II or III will receive an Immediate Risk/Safety Assessment (Part A);

(2) If the risk level is determined to be "moderate" to "high," and the child(ren) is found to be "conditionally safe," the assigned social worker will make every effort to engage the family and offer services. A parent's response/actions during the immediate risk assessment assists the social worker in determining if the family will voluntarily work with CFS of if CFS needs to approach the prosecutor regarding legal action in those situations where the standard of imminent danger is not met;

(3) Develop a Safety Plan with the family and put supports in place to implement the plan. Effective Safety Plans are developed with the family's direct input, emphasizing their individual strengths and capabilities. A family group decision making process may also be helpful in developing a safety plan. At this critical point, families and their extended member are often motivated to solve family issues when brought together. Document the safety plan on the Immediate Risk/Safety Assessment (Part A) in FOCUS;

(4) Comprehensive Risk Assessment and Case Plan requirements within 30 days;

(a) Complete a Comprehensive Risk Assessment (Part B).

(b) Engage the family in developing a service plan. A family group decision making process may be utilized where family members and their supports participate fully in development of the plan. This process engages both the immediate family members in the development and success of the plan as well as the family's support systems.

(c) When the Department is contracting with a private provider to provide family preservation services IDHW, the contractor, and the family will jointly develop the case plan.

(d) Social workers should consider whether identified health or educational needs are relevant to the reason why the agency is involved with the family **and** whether the need to address the health or educational issues is a reasonable expectation given the circumstances of the family and agency's involvement.

(e) Enter the family's case plan into FOCUS

(5) In situations where a family **refuses to work with IDHW** on a voluntary basis in spite of the worker's diligent efforts to engage the family, and the level of risk is **moderate to high**, but does not meet the standard of imminent danger, CFS will contact the local county prosecutor about a judicial order for Protective Supervision. The contact with the prosecutor will be documented in FOCUS on the Presenting Issue narrative. This action will demonstrate continued attempts by the agency to make reasonable efforts to prevent removal while reducing the level of risk.

(6) The CFS Worker Contact with the Child and Family Standard applies to these in- home cases. The family's IDHW social worker, clinician or other responsible party who has full responsibility and decision making authority must see the child(ren) and their parent(s) in the family home at least once per month, and more frequently if needed.

(7) At 6 months, each family preservation in-home case shall receive a risk re-assessment. The reassessment of risk is completed to help determine whether risk levels have decreased or services are not resulting in reduction of risk. A supervisory staffing will be conducted regarding case direction. If current services are not effective in decreasing the likelihood of future child abuse or neglect, consideration will be given to changing services, convening or reconvening a family group decision making meeting, or approaching the court for an increased level of intervention.

(8) A formal re-assessment of risk must be completed prior to case closure.

PROCEDURES FOR USE OF FAMILY PRESERVATION SERVICES IN REUNIFICATION CASES:

(1) Social Workers will staff reunification cases with their supervisor to determine whether family preservation services are needed, and would be effective in the successful return of the child to the family home. Family preservation services can be extremely beneficial in transitioning children back into their families after placement in foster care. Family preservation efforts would focus on continued/maintained reduction of risk to the child or children.

(2) The re-assessment of risk must indicate family preservation services as an identified need for the family.

(3) The Family Service Plan must include family preservation services as part of the reunification plan.

(4) When the Department is contracting with a private provider to provide family preservation services, IDHW, the contractor, and the family will jointly develop the goals specific to the service. These goals will be entered into FOCUS.

PROCEDURES FOR USE OF FAMILY PRESERVATION SERVICES IN CASES WITH RESOURCE FAMILIES:

(1) Socials Workers will staff with their supervisors and regional licensing staff, potential referrals of resource families for family preservation services. Resource families who foster children who are at risk of a disrupted placement will be staffed and referred for Family Preservation Services.

(2) A Resource Family Assessment, and evaluation of PRIDE competencies will be completed.

(3) When the Department is contracting with a private provider to provide family preservation services, IDHW, the contractor and the resource family will jointly develop the plan for services.

(4) After completion of the family preservation services, PRIDE competencies will be re-evaluated.

Any variance to these standards shall be documented and approved by the Division Administrator, unless otherwise noted.

REFERENCES

Standard: Contact Between the Social Worker, the Child, the Family, and Resource Parent(s) or other Alternate Care Providers

I.D.A.P.A 16.1601.450.05 Contact with Child

FAMILY PRESERVATION IN-HOME CASES

Immediate Risk/Safety Assessment (Part A) on Priorities I, II and III

No to Low Risk ◄◄ **(results)** ►► **Moderate to High Risk**

↓

Refer to Community Resources

↓

Close Referral

Develop and Resource A Safety Plan with the family

↓

Within 30 days: Comprehensive Assessment Family Case Plan

↓

If family refuses voluntary services ← ← ← ← ← ← **contact prosecutor and document response in FOCUS**

Provide family preservation services

↓

At least monthly face-to-face contact with child(ren) and parent(s) in family home

↓

Risk Reassessment at 6 months

↓

Supervisory Staffing for Decision

Risk Increased

↓

(1) Modify or increase services
(2) Consider family group decision making meeting
(3) Court intervention for an increased level of intervention

Risk Reduced

↓

Close Case